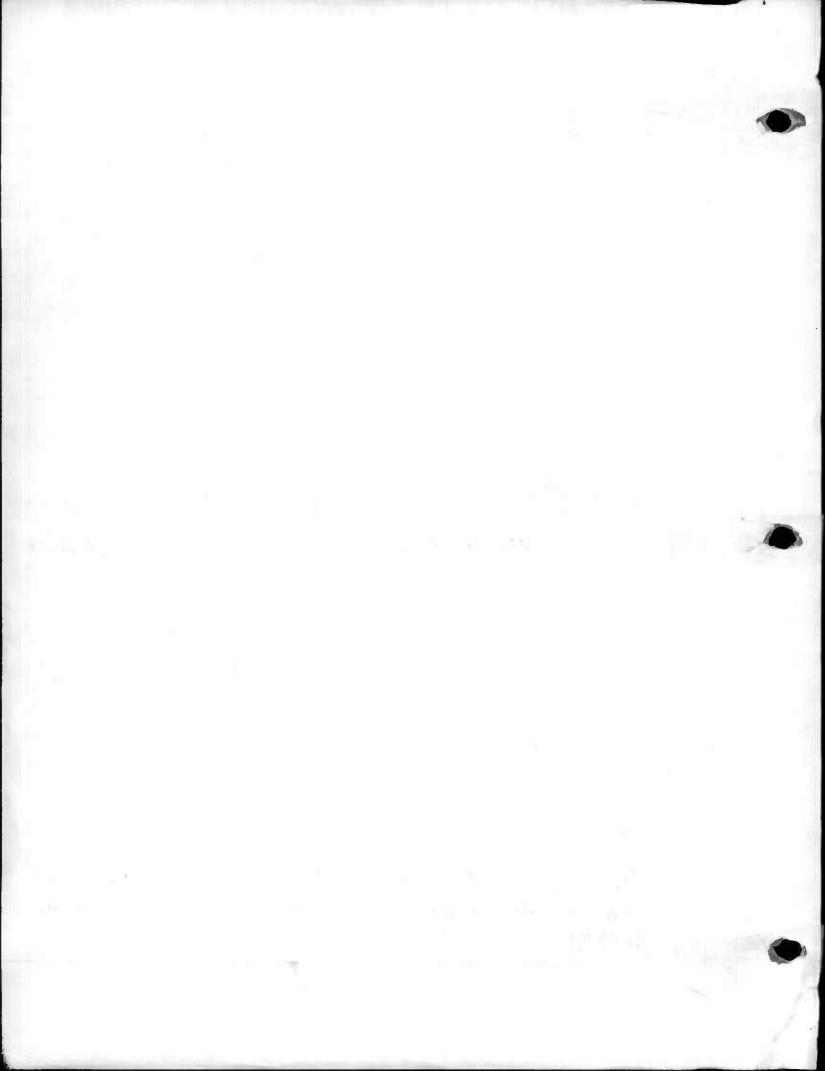
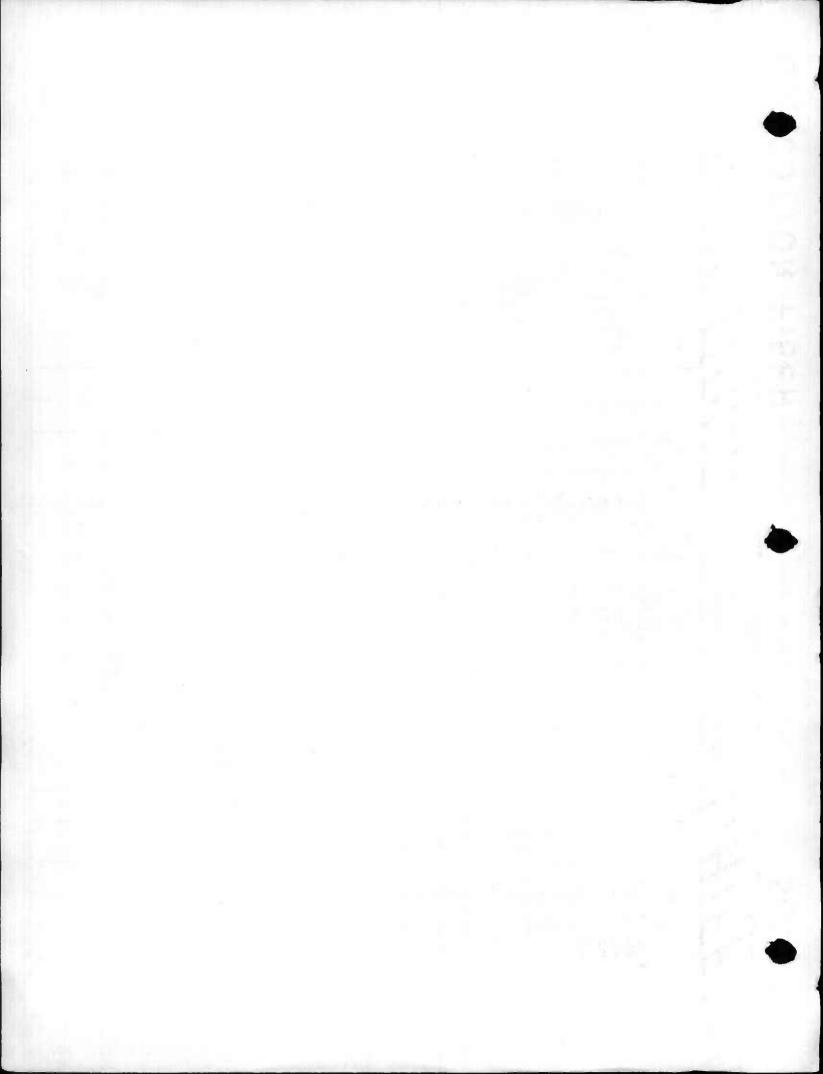
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nit. Pages	DIRECT	VA 106. COUR	- -			oanok	e						INSIDE CITY LIMITS? YES 2 NO
un. ransit permit.	NERAL	4122 Belle Mead						240	18		U.	S.A.	COUNTRY?
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by the hospit be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Lester H. Pril	laman	110	шеша	ikei				Own I E (First, Middle, Melden Lee Saul			
retained 5 should notified	be notified TO BE	19a. INFORMANT'S NAME (Type/Print) Anita Johnson						and Number	or Rural Ro	ch Rd., I			or. MD
2 2		20e. METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) Franklin Memorial Park 20c. LOCATION - Cite of the place of the p								ity or Town,	State		
SALTI r death. F e funeral al. examin		21. SIGNATURE OF FUNERAL SERVICE	LC h	eldor	1	J	osep	h Ga	wler'	s Sons, 1		gton,	D.C. 20016
d within was after ompletely filled in by the differention, or removal event, the medical		23. PART I. Enter the diseases, c shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)		se on each line		not enter	the mo	ode of dy	ing, such	as cardiec or reap			Approximate Interval Between Onset and Death
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TO THE HOSPITAL TO THE FUNERAL I De filed within 72 h IMPORTANT: If I	TO BE	29b. SIGNATURE AND TITLE OF CENTRAL	() Ko		١			29c. LIC	ENSE NUMI	BER 2	29d. DATE	SIGNED (M	with, Day, Year)
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VITAL RECORDS, P.O. BOX 13146,	executed within and completely o burial, cremal matic event,	Z	Sequentially list conditions,	Cong	sti	me -	hen	The	m	
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ч	国 国内 日	COMPL	noni	KAMINER: On the basis of exam						
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W.

Rowley 8. AGE (In yrs. last birthday)

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IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

MONTHS

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5. SEX

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAMF (First, Middle, Lest)

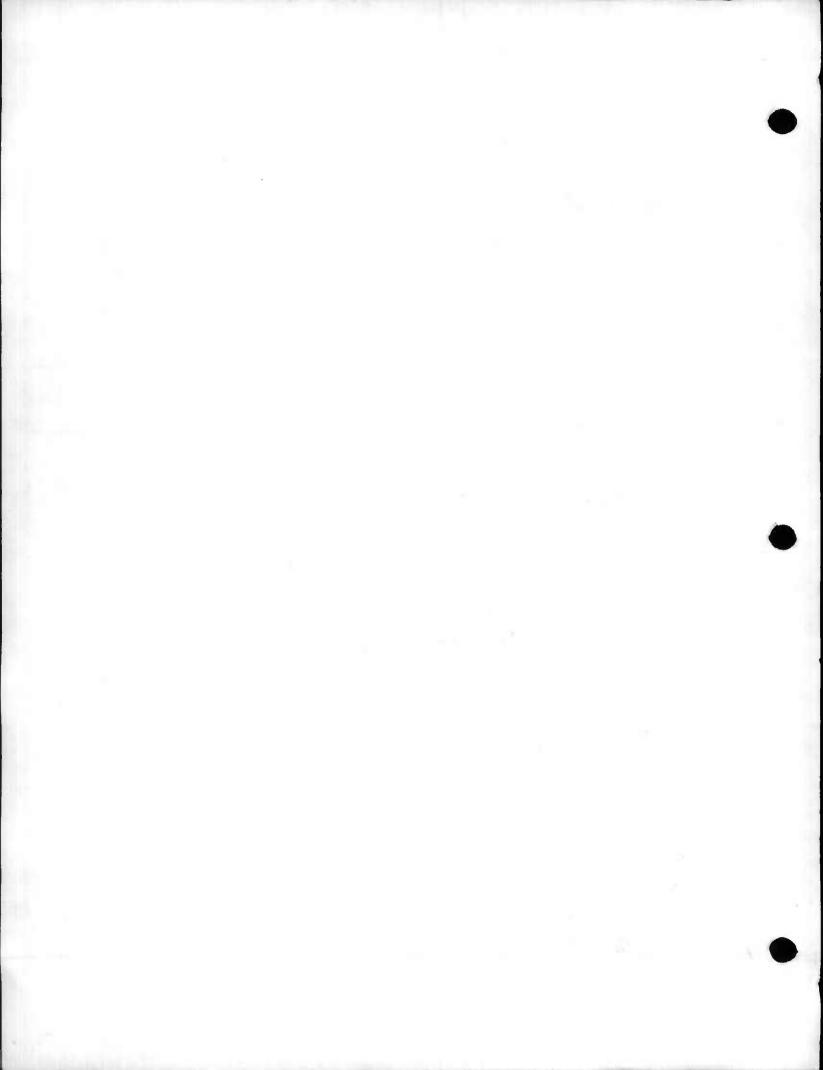
4. SOCIAL SECURITY NUMBER

578-22-9718

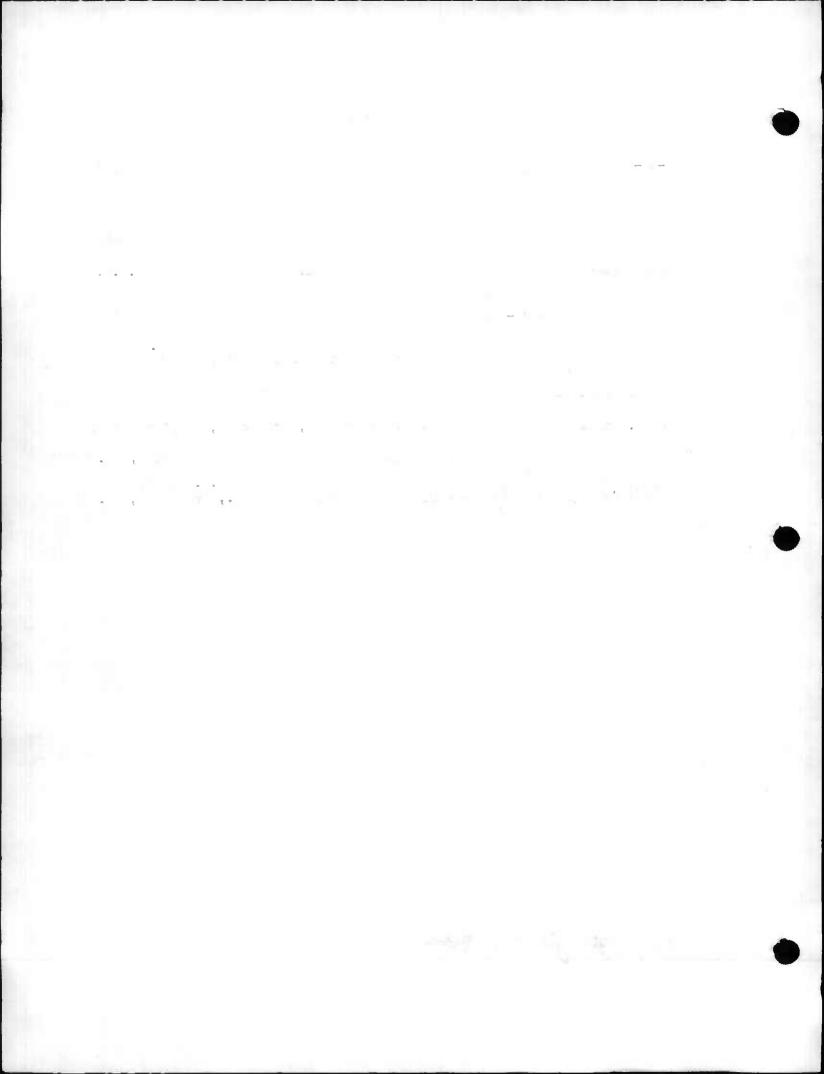
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH 9/ 7 5/A

8. BIRTHPLACE (Shink or Formign Country) Maryland BOWLING Green, 7. DATE OF BIRTH (Morth, Day, Year)
Jan. 29, 1900 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. es or No— 14. RACE — American Indian, Black, White, etc. Specify White USINESS/INDUSTRY Dept. İs wn, State, Zip Code) 10940 OCATION - City or Town, State und Hill, VA. Inc. N.W. ash. D.C. 20016 piretory arreat, Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? UN AUTOPSY ZINO 1 YES 2 NO INJURY OCCURED et and Number or Rural Route Number, end due to the cause(s) and menner as stated.

29d. DATE SIGNED (Month, Day, Year)



		AME (First, Middle,	Last) Wi	lliam Ed	lward	STUL	L		- Mil	ATE OF DEATH	му	YEAR 3. TIME	
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	10e. STREET AND	NUMBER	7			, ,-	101	I. ZIP CODE			10g. CITI	ZEN OF WHAT CO	
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	Elementary/Se	condary (0-12)	College (1-4 or 5	+)			men	t Operat		City	£ E	مام المصادة	
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	li	arles St								ice Watt			
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TO B		Stull	-	"				Road, Fr				-	20
3				20h PLACE				metery, cremetory or				City or Town, Star	
		Cremetion 3 5 Other (Specify	Removal from State	other p	lace)			metery				ck, Md	
		F FUNERAL SERV			110 01	22 N	AME A	ND ADDRESS OF F	ACILITY	,			
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	100	Crumo I	رسام	M002			6 E	ast Chur	ch	St., Fr	ederi	ck, Md.	. 2
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lary1and
Home Ad. 21701
Approximate Interval Between Onset and Deat
FRE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
MPLETION OF CAUSE DEATH? YES 2 NO
ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
WI CO

July Devidoon-Randalla

DHMN-16 Rev 1/89

Description of the second seco

7

MONTHS DAYS HOURS MIN 1 | M 27 F 86 212-24-5646 YRS Mar. 6,1905 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Memorial Hospital Frederick RESIDENCE OF DECEDEN DIREC Pages 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Frederick Frederick permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 780 Wembly Drive, Apt. A 21701 bunial-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxicen, Puerto Rican, etc.)

1 ☐ YES 2 ▼ NO Specify: **MARYLAND 21203-3146** 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced the be detached for use as COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at Benjamin Collins Page 6 may be retained by Annie R. BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 313 East Ninth St., Frederick, Maryland 21701 Roy R. Shank 2 BALTIMORE, 20e. METHOD OF DISPOSITION

15/2 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must funeral director, ☐ Donetion 8 ☐ Other (Specify) Myersville, Maryland Harmony Church of the Brethren examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD Allan M00703 completely filled in by the medicai 23. PART I. Enter the diseases, or complications that saused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one sause on each line. 6 IMMEDIATE CAUSE (Final the disesse or condition executed within traumatic event, resulting in death) crem DUE TO (OR AS A CONSEQUENCE OF): O. BOX 13146, prior to burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, isading to immediate the attending physician I Mental Hygiene prior to death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST ۵. RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? law requires that the MEDICAL signed by the shows any 1 TYES 2 THO been has be Dept. c PHYSICIAN: 23 VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The item men certificate I EXAMINER? HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 NO g Home 5 - Residence 8 - Other (Specify) 6 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) OF 28b. TIME OF 28c. INJURY AT WORK? 28d OESCRIBE HOW INJURY OCCURED with 28 is marked, this 1 Natural 1 YES 2 NO BY DIVISION death Investigation After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Soecify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be DIRECTOR: / COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Hugh 9 OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

Day don Manager

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

700 Montclaire Avenue, Frederick, Maryland

REG. NO.

8. BIRTHPLACE (State or Foreign Country)

Pennsylvania

14. RACE -- American Indian, Black, White, etc.

1 X YES 2 NO

White

21701

Onset and Desth

WI

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

29d. DATE SIGNED (Month, Day,

Approximate Interval Between

9c. COUNTY OF OEATH

Frederick

10g. CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

Mackentee

2. DATE OF DEATH

7. DATE OF BOTH

DHMH-18 Rev 1/89

gre order

Robert S. Hughes, M.D.,

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. OECEOENT'S NAME (First, Middle, Last)

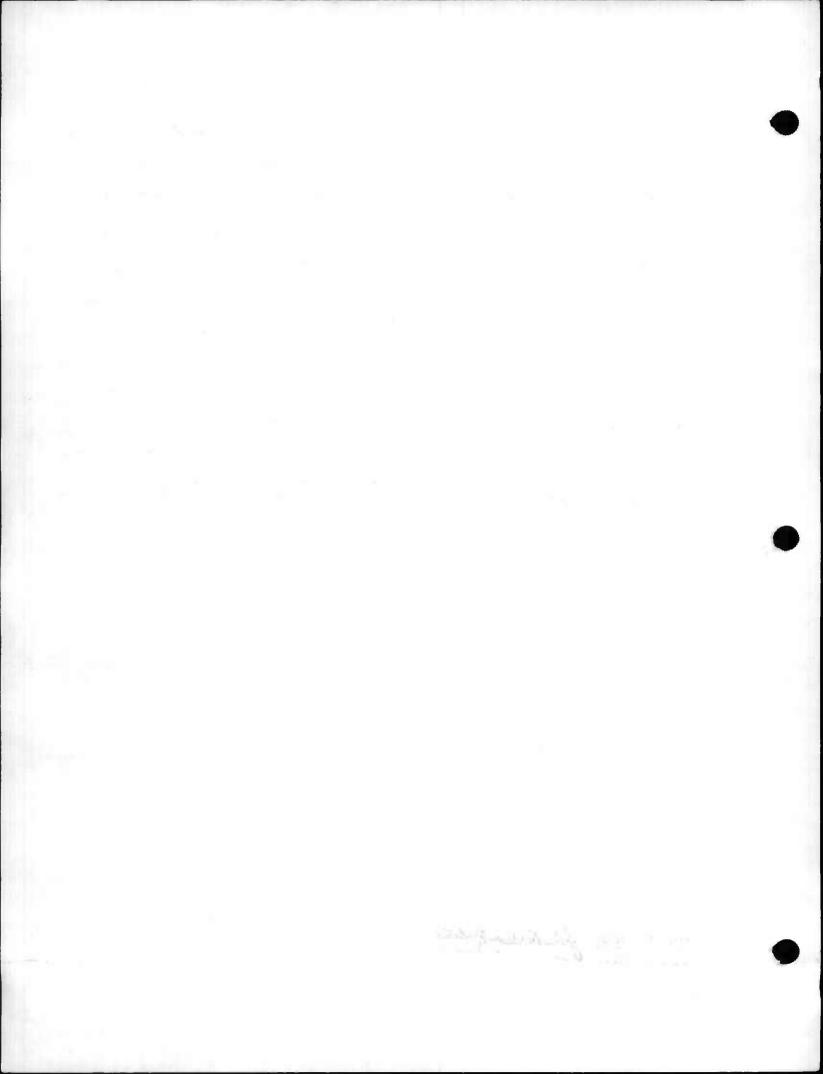
Evelyn

S. SEX

Marie

Shank

8. AGE (In yrs. last birthday)



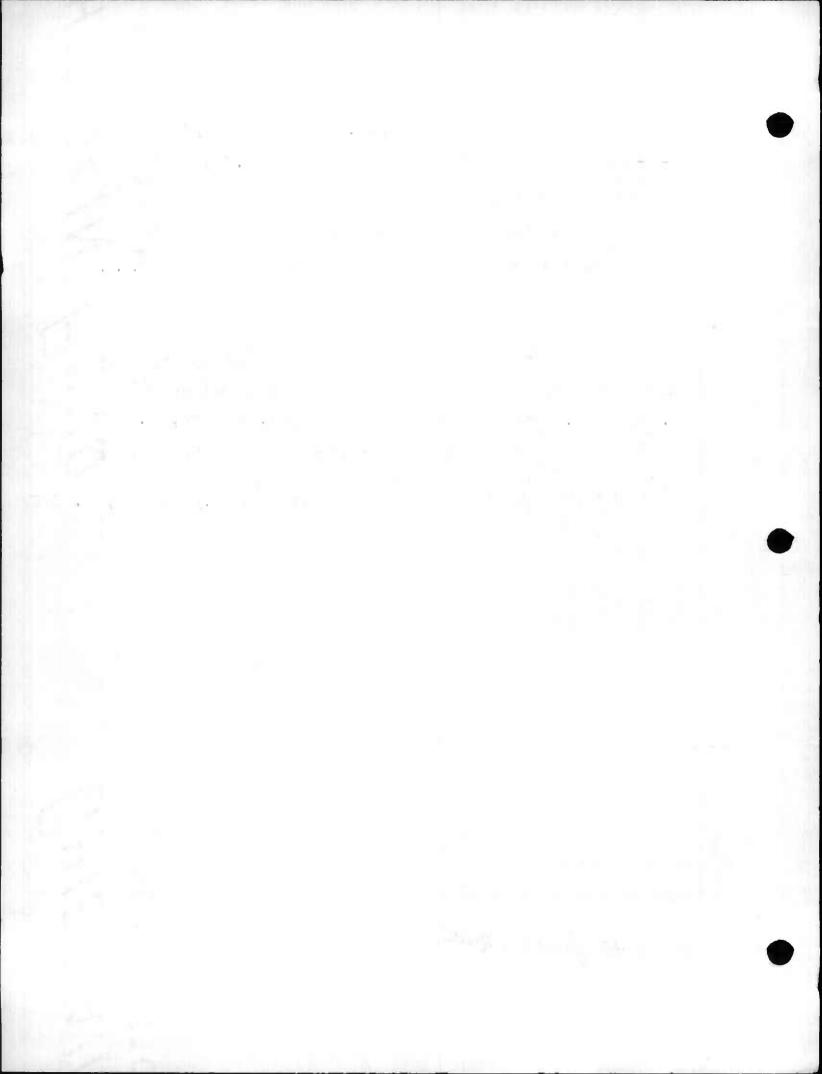
	1. DECEDENT'S NAME (First, Middle, Lest) Antho	ny Lawrence		TAVONE	DEATH	2. OATE MONTH	OF DEATH	DAY	1991	3. TIME OF	
	4. SOCIAL SECURITY NUMBER 195–24–8572	5. SEX 8. AGE (In	yrs. last birthday) 58 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BIRTH	1932	6. BIRTI	NPLACE (Stat	e or Foreign
TOR	9a. FACILITY NAME (If not institution, give Trederick Memor		***		or LOCATION OF D	EATN			eder		
DIREC	10a. STATE 10b. COUNT	ederick	10c. Cf1	r, town on Loc Frederi						10d. INSIDI LIMITS 1 YES	87
FUNERAL	7413 Hillside D	rive			0f. ZIP CODE 21702			10g. CI1	U.S	·A.	TRY?
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U FORCES? 17 YES IF YES, GIVE WAR OR DAT! Mar.11,1953—	2 NO	If yes, a	ECENDENT OF NISPA specify Cuban, Mexico S 2 X NO Specific	an, Puarto F		ea or No—	Blac	E — America k, White, sto	
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		nost of working		onstr			ating	
E COMPL	12 17. FATNER'S NAME (First, Middle, Lest) Lawrence	Schiavone	sneet M	Metal Wo	rker 18. MOTHER'S NA Julia			n Surname)	alon		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Kathryn Sci				e Drive,			wn, State, Z	ip Code)		702
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Real 4 Donation 5 Other (Specify)	noval from State Re	ther place)		emetery, cremetory or al Garder	ıs		ocation -		own, Stata	land
21. SIGNATURE OF FUNERAL SERVICE	Phanon	M00706		ano aodress of F ey & Bast East Chur		P.A. I	Funer	al H	ome MD 2	1701	
ICAL CERTIFICATION	Sequentisity list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE (OF):	ast-ic	<	24e. WAS AI PERFO	N AUTOPSY		b. WERE AUTO	PRIOR TO
MED	25. WAS CASE REFERRED TO MEDICAL				DI ACE OF BEATH O		1 TYES	2 () 940		OF GEATH?	
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Comme 5 - Residence	8 🗆 Othe	r (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	NJURY AT YORK? YES 2 NO		CRIBE HOW			0-1-1	
ETED	3 Suicide 6 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural City or Town, State)									Nobile Namoe	<u> </u>
COMPLET	anal comp	SICIAN: To the best of my knowled								(a) and mann	or an state
TO/BE	30. NAME AND ADDRESS OF PERSON W	En	H (ITEM 27) (Typ	e, Print)	29c. LICENSE NU		` C	29d. DA	3/1	D (Month, Day	, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRADES SIGNATION		Secron	50	F	redr	res	Mo	1 2	170/
			1							D	HMH-t6 Rev
14	18										

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STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
	CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTA	L HYGIEN		0	5000
1. DECEDENT'S NAME (First, Middle, Later	Webb	SMITH	, Jr.		2. DATE MONTH	of DEATH	~ 1991 ′	EAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-28-1982	1 ☑M 2 □ F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH	1931	BIRTHPL Country)	aryland
90. FACILITY NAME (If not Institution, gh 105 East Second		96	Frede	CICK	EATH		9c. COUNTY	deri	TH
RESIDENCE OF DECEDENT 100. STATE 10b. COU Maryland F1	rederick		own or Local						Dd. INSIDE CITY LIMITS? X YES 2 ND
100. STREET AND NUMBER 105 East Second	Street		101	2170	1		_		AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR DR	S 2 🔼 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	an, Puerto		or No- 14	Black, \ Specify:	- American Indian, White, etc.
16. DECEDENT'S E (Specify only highest gr	ede completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL, OCCUPATION done during mo	ON at of working			SINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 6+)	Judge				-	f ^C irc derick		
17. FATHER'S NAME (First, Middle, Lest) Clater Webb St	** +b			16. MOTHER'S N	AME (First,		Surname)		
19a. INFORMANT'S NAME (Type/Print) Mrs. Margaret C.		196. MAILING AD	t Secon	nd Number or Rural	Route Num	ber, City or Tox	m, State, Zip Co	· 21	.701
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R 4 Donation 6 Other (Specify)	emoval from State	Smithsburg	ON (Name of cer	netery, aremetory or			cation — cr		aryland
23. PART I. Enter the diseases,	C. Basfor	sed the death. Do not	Kee	eney and Eney and East Code of dying, au	Basi hurch	St	Frede	rick	
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		S A CONSEDUENCE OF): 8 A CONSEDUENCE OF): 8 A CONSEDUENCE OF): 8 A CONSEQUENCE OF):				· C			Onset and Dea
that initiated events resulting in death) LAST PART II. Other algnificent condit	d					24a. WAS APPERFO	RMED?	o o	HERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C					
27. MANNER OF DEATH	1 Inpatient 2 ER/O	Y 286. TIME C	F 28c, IN.	URY AT	Y		INJURY OCCU	RED	
Natural 8 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					100
3 Suicide 6 Could not 4 Homicide determined	building, etc. (S	IRY — At home, farm, stre pecify)	et, ractory, ome		City	or Town, State	end Number or)	Hural Ho	ite Number,
and any	IYSICIAN: To the best of my kn								and manner as stated.
20b. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	JMBER		29d. DATE S	SIDNED (A	forth, Day, Year)
13	lak er	9		D 14	62	C	•	3/	13/91
30. NAME AND AODRESS OF PERSON	220506	501					Fre	le-	not pay a
MAR 1 4 1991 4	ha Javidson-hand	CHATURE							



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09509 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH JR 0448 M EMRICK 0 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 52-9a, FACILITY NAME (If not institution, give atre-9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Pages 1, 2, 3 # DIRECTOR A.A.MED. CENTER ANNAPOLIS ANNE ARUNDEL 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 A SES 2 NO 10a. STATE 10b. COUNTY ANNAPOLIS MD ANNE ARUNDEL permit. I 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? noting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Hygiene prior to burial, cremation, or removal. 14 VICTOR PARKWAY 21403 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS

Nover Married 2 Marrie 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/4NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO. Specify: 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced BLK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ***** LABORER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) notified at RAYMOND EMRICK SMITH SR. MARY ELIZABETH TONGUE BE 19a. INFORMANT'S NAME (Type/Print)
RAYMOND E. SMITH SR. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 14 VICTOR PARKWAY ANNAPOLIS, MD. 21403 must be 90 METHOD OF DISPOSITION

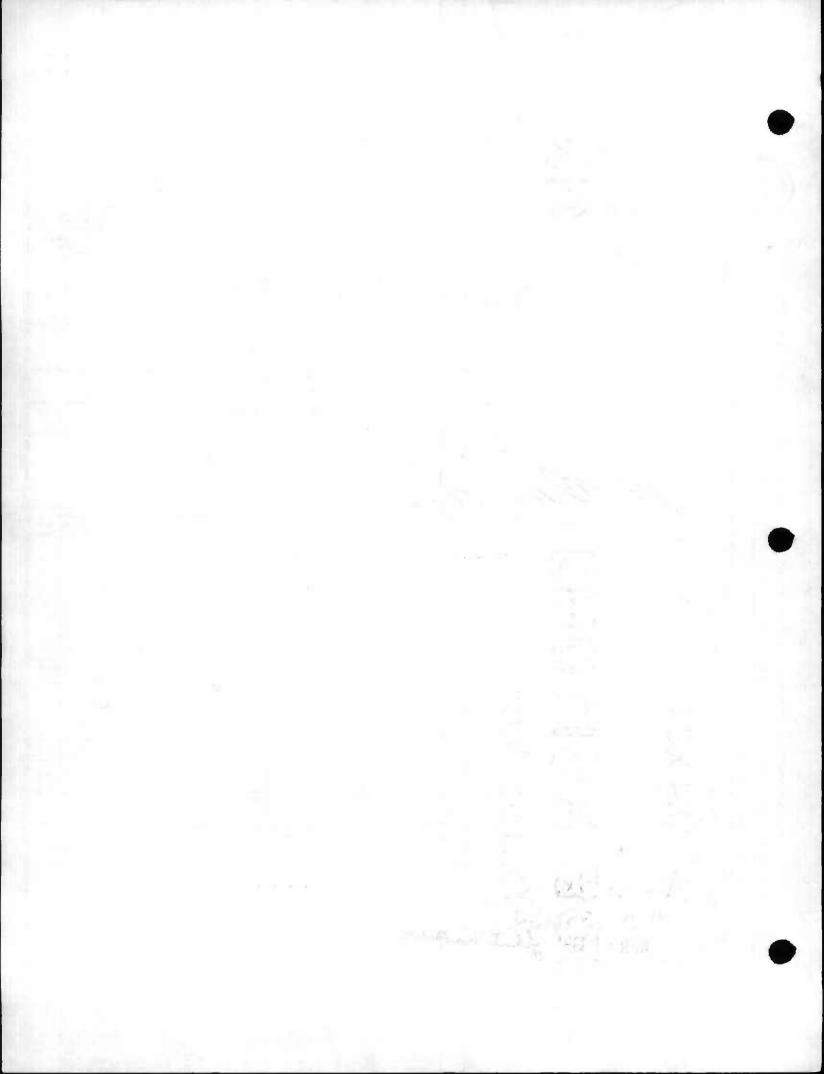
4 Buriel 2 Cremetion 3 Removal from State 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State CHEWS CHURCH CEMETERY 3-28+91 DWENSVILLE-A.A.CO.MD. 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ► CHARLES E. HICKS 111 HICKS FUNERAL HOME-1922 FOREST DR. ANNA. MD the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe **Onset and Death** IMMEDIATE CAUSE (Final disease or condition within reaulting in death) traumatic event, executed CERTIFICATION Sequentially list conditions, if any, leading to immediate SHOUENCE OF attending physician 2 cause, Enter UNDERLYING CAUSE (Disease or Injury certificate or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST een signed by the atte Injury, PART II Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 20 that Item 23 shows any 1 TES 2 NO requires 1 YES 2 NO peen certificate has been the State Dept. of PHYSICIAN: MP 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 TES 2 NO petient 2 ER/Outpetient 3 DOA ATTENDING PHYSICIAN: 4 - Nursing Nome 6 - Residence 6 - Other (Specify) marked, or the 27. MANNER OF BEATN 28a. DATE OF INJURY 28c, INJURY AT 266. TIME OF 26d, DESCRIBE NOW INJURY OCCURED with this 1 Natural TO THE HOSPITAL OR ATTENDING PHY
TO THE FUNERAL DIRECTOR: After this
be filed within 72 hours after death wi
IMPORTANT: If Item 28 is market м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29g LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, 2 LETEO CAUSE OF DEATN (ITEM 27) (Type, Print) MD. 104FORLO 40

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(4			
BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages hy with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIF	ICALE	OF D	EATH	F	IEG. NO.			
DECEDENT'S NAME (First, Middle, Last, JASMINE	FERNE	S'	TAMPS			2. DATE OF MONTH	DEATH 29	!	YEAR 3	TIME OF DEATH 4:44 P
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (in yrs. last birthday)		YEAR II	F UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHPL	ACE (State or Foreign
219 29 8051	1 - M 2 1 F	YRS.			DURS MIN.	10-29	-90		Country)	ı. DC
9a. FACILITY NAME (If not institution, give			1.00		OCATION OF DE				NTY OF DEA	
CALVERT MEMORIA	L HOSPITAI	L	PRI	INCE	FREDER!	ICK	1	CAL	VERT	COUNTY
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV	100 CF	TY, TOWN OR	LOCATION					L	id. INSIDE CITY
MD	Calvert		wings							LIMITS? YES 2XXNO
10e. STREET AND NUMBER	D 1				P CODE			10g. CITI		AT COUNTRY?
8360 Waverl					0736				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 XINO	if	yes, specif	DENT OF HISPAN y Cuben, Mexica NO Specif	in, Puarto Rica		or No—	14. RACE — Black, V Specify:	American Indian, White, etc.
15. DECEDENT'S ED		16a. DECEDENT	S USUAL OCC	CUPATION		18b. Kill	D OF BUS	INESS/INC	DUSTRY	
(Specify only highest grad	College (1-4 or 5+)	(Give kind of	work done du use retired.)	unng most d	i working					
17. FATHER'S NAME (First, Middle, Last)				10	8. MOTHER'S NA	ME (First, Midd	le. Maiden S	Surname)		
Ronald	Clyde Stamp	s			Desire				Sper	cer
19a. INFORMANT'S NAME (Type/Print)			G ADDRESS	(Street and	Number or Rural		City or Town	, State, Zic	-	
Ronald C.	Stamps	1	ne as				,			
20a. METHOD OF DISPOSITION 1 ②XBurlal 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)		20b. PLACE AND DA	TE DE DISPO	SITION (N	ame	DATEQ1			City or Town	
23. PART I. Enter the diseases, or shock, or heert fellure immediate CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. SUDDEN I OUE TO (OI b. DUE TO (OI	eused the deeth. Do on each line. NFANT DEAT R AS A CONSEQUENCE (R AS A CONSEQUENCE (TH SYN OF):			h es cerdiac	or reepli	ratory an	reet,	Approximate Interval Betwo
PART II. Other significent condition	one contributing to de	eeth but not resuiting	in the und	derlying o	euse given in		PERFOR	MED?	a d	POYES 2 ND
25. WAS CASE REFERRED TO MEDICAL				26. PLAC	E DF DEATH (C/	heck only one)				-
EXAMINER? 1 A YES 2 NO	HOSPITAL: 1 Inpatient 2 XE	R/Outpetlant 3 DOA	OTHER		5 Realdence	8 Other (S	pecify)			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	20a. DATE DF IN (Month, Day,	JURY 20b. TI	_	29c. INJUR WORK 1 YES	Y AT	28d. DESCR		NJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28a, PLACE OF I	NJURY — At home, farm	, street, facto	ory, office			ON (Street a own, State)	and Number	r or Rural Roo	ite Number,
noel -	/SICIAN: To the best of m									end manner as state
29b. SIGNATURE AND TITLE OF	-			2	O . C . M .			29d. DAT	3/23/9	fonth, Day, Year)
A-M - D	VHO COMPLETED CAUSE			enn s	treet,	baltim	ore,	nary1	Land 2	1201
31. DATE FILED (Month, Day, 1997)		signation dell								771



1991

9c. COUNTY OF DEATH

3. TIME OF DEATH

2:30

10d. INSIDE CITY

1 YES 2 1 NO

6. BIRTHPLACE (State or Foreign

Harford

10g. CITIZEN OF WHAT COUNTRY?

Specify.

Daniel

India

14. RACE — American Indien, Black, White, etc.

Asian

Maryland

Approximate

Onset and Death

AM

BALTIMORE, MARYLAND 21203-3146

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Item

TO THE FUNERAL D
TO THE FUNERAL D
Be filed within 72 h
IMPORTANT: If Its

PHYSICIAN:

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	BE COMPLETED BY FUNERAL DIRECTOR
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	CERTIFICATION
	MEDICAL

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 20 LEELA SATYANATHAN March 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morjth, Day, Year 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 4/5/1924 DAYS HOURS 215-11-9936 1 M 2 X F 66 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 3362 Kreitler Road Forest Hill 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10e. STATE Maryland Harford Forest Hill 10e, STREET AND NUMBER 10f. ZIP CODE 3362 Kreitler Road 21050 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Merrie If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 4 Teacher School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Daniel Chelliah Rachel 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) same as #10 Mariam Chellappa 20s. METHOD OF DISPOSITION

Burlel 2 Cremation 3 Removal from State 28b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State William Watters Cemetery Cooptown, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Kurtz Funeral Home Jarrettsville, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cardiec or respiretory arrest, abock, or heart failure. List only one cause of each lina. IMMEDIATE CAUSE (Final disease or condition Liver reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ivrhoso 6 CAUSE (Disesse or Injury

OUE TO (OR AS A CONSEQUENCE OF):

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO 2 Accident

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated.

BLVD

29b. SIGNATURE AND TITLE OF CERTIFIER

6 Could not be

that initiated events resulting in death) LAST

3 Suicide

4 Homicide

29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) D22652 26/91

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO CO LETED CAUSE OF DEATH (ITEM 27) (1902 Print)

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) WAR 28'91 Ria Davidson-Randelle

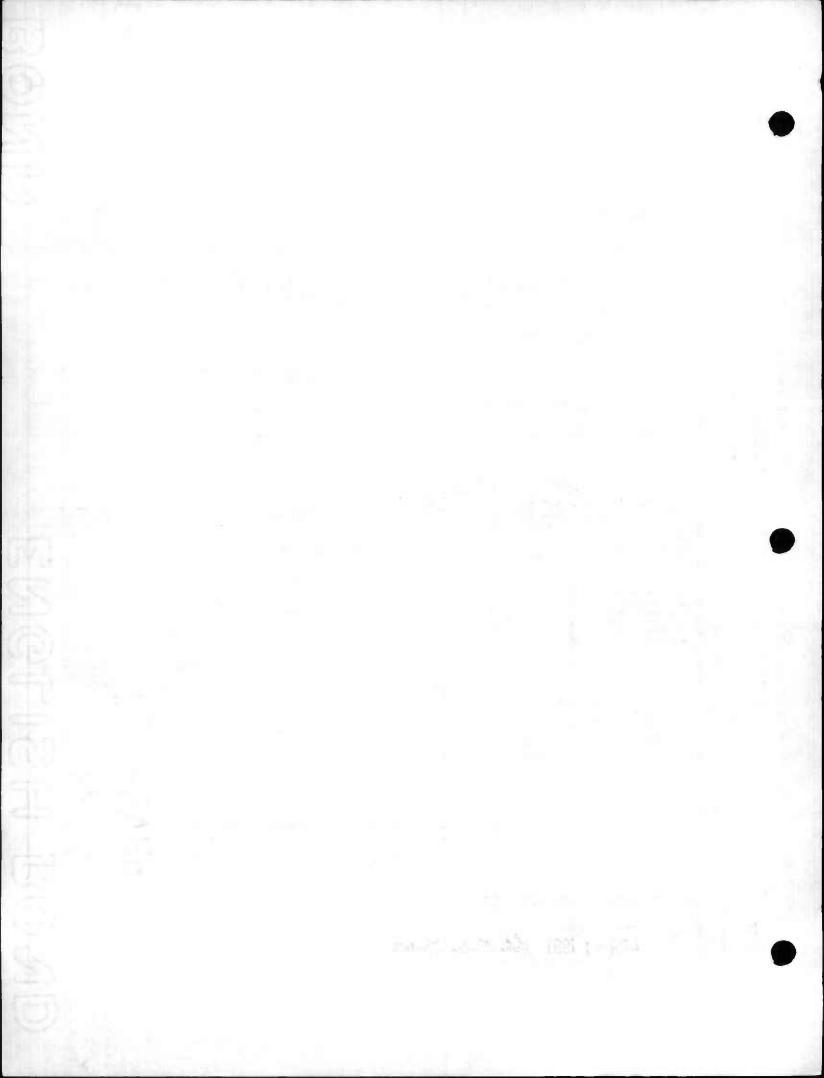
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TAL	The last
DIVISION OF VITAL RECORDS, P.O. BOX 68760 ,	concerns on arrestoned buydefolds. The last sensions that the death coefficies he meanted within 24 ho
VISION	ATTENDIAL
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	I ELLO GOLD

1 - FOR STATE REGIS	TRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN REG. NO	_	09312
	'S NAME (First, Middle, Las GERTRUDE		SCOTT			2. DATE OF DEATH MONTH MARCH 28	, 199Ĭ [*]	3. TIME OF DEATH 0510 a
4. social s 217-3	6-5470	5. SEX 6. A	GE (In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 8,19	8. BH Col	THPLACE (State or Foreign unity) Sh. D.C.
Calve	NAME (If not institution, give ct Memorial				or location of di Frederic		9c. COUNTY OF	vert
RESIDEN 10e. STATE	MD TO BE COUNTY		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 10 NO
	AND NUMBER Cedar Lane	CALVERI		- 123	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL		12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ES 2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	s or No— 14. R.	ACE — Americen Indien, leck, White, etc. pecify; Vhite
Li Elements	15. DECEDENT'S EI (Specify only highest gra ry/Secondary (0-12)		15e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	16b, KIND OF BU	ISINESS/INDUSTR	Y
12	NAME (First, Middle, Last)		Self-	- employ	ed baker	FO	od-reta:	i1
Jo INFORM	oseph P		Kuttner	ADDRESS (Street	Anna and Number or Rural	Route Number, City or Tov	Redekei	
	Marie Harne	er	3111 20b. PLACE AND DAT		Lane, Bo		0715 DOCATION — City of	Town State
4 Donati	2 X Cremation 3 Report 5 Other (Specify)		of cemetary, cremator, Metropoli	tan Cren		3-29-91 A	lexandri	
If any, last cause. En CAUSE (D that initial	ily list conditions, ding to immediata er UNDERLYING sease or injury ed events	· Ser	AS A CONSEQUENCE OF AS A CONSEQUENCE CONSE	F):	Stor	functive		
WEDICAL CE	Hewse Ever p	enplus	th but not resulting Very Very	in the underlyin	ng cause given in	Part I. 24a. WAS AI	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDIN ANILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
S EXAMIN	E REFERRED TO MEDICAL ER? 3 2 100	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (C	8 Other (Specify)		
27. MANNER	ral 5 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TII	WE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	
3 Sul	ide 8 Could not i	building, atc.	IURY — At home, ferm, (Specify)	street, factory, offi	CO .	281. LOCATION (Street City or Town, State		ral Route Number,
29e. CERTIF (Check one)	nly 1 CERTIFYING PH	YSICIAN: To the best of my i						se(e) end menner se state
O 29b. SIGNAT	URE AND TITLE OF CERTIF	tu m),		29c. LICENSE NU	IMBER 5-475	29d. DATE SIGN	NED (Month, Day, Year)
	athur, M.D.	who completed cause o	e Frederic	2000	land 2	0678		1
31. DATE FIL	APR - 1 19		signature dson-Randell					

09512



BALTIMORE, MARYLAND 21203-3146

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR		<u> </u>	ERITE								
	DECEDENT'S NAME (First, Middle, Last)		aunde	rs, S	r.			2. DATE O		, 1991		OF DEATH
	4. BOCIAL SECURITY NUMBER 230-38-6139	5. SEX 8. A	NGE (In yrs. les	-	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Soy. Year)	LO	Virgi	nia
Á	90. FACILITY NAME (If not institution, give 705 E. Ridge				9b. CITY,		OR LOCATION OF DE			9c. COUNTY		
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT 10c, CO			10c. CITY,	TOWN O		Airy				LIN	SIOE CITY
	Maryland Ca 100. STREET AND NUMBER 705 E. Ridg	rroll					21771			10g. CITIZEN	OF WHAT CO	UNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EV. FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER IN U.S. AF		- 1	f yes, sp	CENDENT OF HISPAN ecity Cuben, Mexice 2 2 300 Specify	n, Puerto Ri		11.0	RACE — Amer Black, White, Specify: Bla	atc.
	15. OECEDENT'S ED (Specilly only highest grad Elementary/Secondary (0-12)		/G	. Do NOT use	ork done o	during mo	DN set of working	16b. I		ty Sch	TRY	
I	17. FATNER'S NAME (First, Middle, Lest) John Sau	ınders					18. MOTNER'S NA	ME (First, Mi ude S		Surname)		
	190. INFORMANT'S NAME (Type/Print) Estelle V. Sau	nders	19				eville B					771
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rec 4 Donation 5 Other (Specify)	moval from State					netery, cremetory or ial Gard	e ns		cation — city rederi		
	21, SIGNATURE OF FUNERAL SERVICE L	Jolesunth			(lin	L. Mole Ridge	swort	h, P.	A.	d. 208	72
ERITICALION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSE	OUENCE OF):	a	rest	-Joj	esell	7		nset and
I MEDICAL C	PART II. Other significant condition	one contributing to dea			n tha ur	nderlyir	ng cause given in	Part i.	24a. WAS AMPERFO	RMEO?	OF DEA	BLE PRIOR 1
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	_	LACE OF DEATH (C)	heck only one)			
HYSICI	1 TES 2 NO	1 Inpetient 2 ER		3 DOA	4 🗆 Nu	ning Ho	ne 5 CResidence	T		IN HIRV OCCU	nen.	-
	27. MANNER OF DEATH 1 X Natural 5 Pending	(Month, Day,)	6ar)	INJ	M	1 🗆	JURY AT ORK? YES 2 NO			INJURY OCCUP		
ВУ РН	2 Accident Investigation		ALCOHOL:	come form a	treet, fac	tory, offi	ce			and Number or	server Bourte Mus	mhar
ED BY P	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28s. PLACE OF IN		ionini, rantii, a				City to	r Town, State)	710787 710018 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OMPLETED BY P	3 Suicide 8 Could not b determined 29e. CERTIFIER (Check only 1	28e. PLACE OF IN building, etc.	(Specify)	leath occurre				e to the cau	se(e) end ma	nner as stated		
MPLETED BY P	3 Suicide 8 Could not b determined 29e. CERTIFIER (Check only 1	28e. PLACE OF IN building, etc. STRIAN: To the best of my	(Specify)	leath occurre				e to the cau	se(e) end ma	nner as stated nd due to the d		Day, Year)

1891 3 9 MAG

\$ 5 P

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Sections after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is before death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

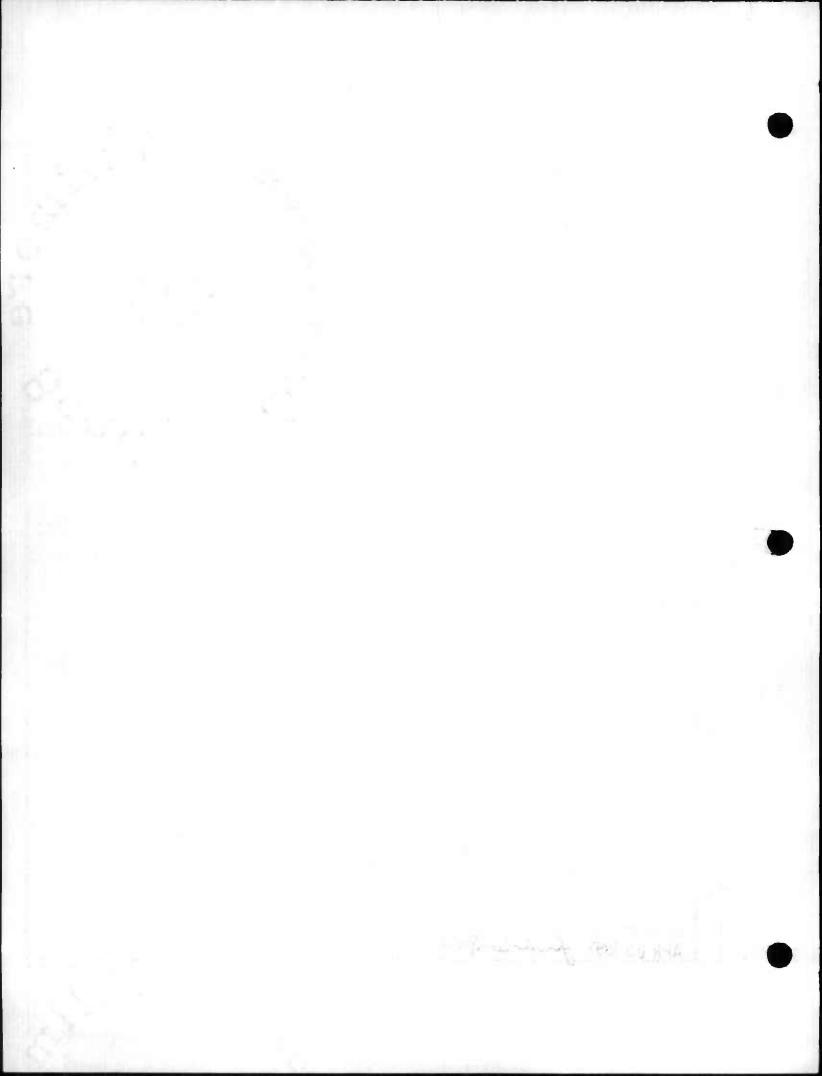
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

91	0	9	5	L

NEGISTRAN I. OECEDENT'S NAME (First, Middle, La.	ett	Santa	mi Am	ICATE	_ OF	DEA	1111	2. DATE O	REG. NO.	_	T.	TIME OF DEATH
								MONTH	DA		YEAR	311212312
I. SOCIAL SECURITY NUMBER	Douglas F	6. AGE (In yrs.		IF UNDER	1 VEAR	IF UNDER	24 HBS	7 DATE O	ch 28			ACE (State or Foreign
THE SERVICE SERVICES	tX M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, uly	Day Year)	19	Country)	Va.
232-26-7510 la. FACILITY NAME (If not institution, given		[05 O(T)	700mm	OR LOCATI	011.05.01		-19>	9c. COUNT	16 6	
		and were		96. 011				EAIH				
Frederick Healt		nter			Fre	ederi	ck			rr	eder	ick
Da. STATE 10b. COU			10c. CIT	Y, TOWN	OR LOCAT	TION			-		1	Od. INSIDE CITY
Maryland	Frederick			Hy	reder	rick					- 1,	LIMITS? YES 2 NO
De. STREET AND NUMBER	T COOT LON					ZIP COD	E			10a. CITIZE		AT COUNTRY?
670 North	h Market S	!-				217	707				US	
L MARITAL STATUS	12. WAS DECEDEN		ARMED	13	WAS DEC			NIC OBIGINS	(Specify Yes	or No. 1		- American Indian,
Never Married 2 Married Widowed 4 Divorced	FORCES? 1	YES 2 AB OR DATES	ON		If yes, sp	ecify Cube 2 XNO	ın, Mexica	nn, Puerto Ri	can, etc.)		Black, \	White, etc. White
15. DECEDENT'S E (Specify only highest gr		18a.	DECEDENT'S	USUAL O	CCUPATH	DN set of world		16b. I	KIND OF BUS	INESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	ourny mo	et or worki	ng	100				
8			Secu	urity	of:	ficer	C		Priv	rate 0	compa	ny
FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First, MI	ddle, Malden	Sumame)		
unk	nown	Sai	ntmie	r				un	known			
e. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRES	S (Street a	and Numbe	r or Rural	Route Numbe	r, City or Town	, State, Zio C	Code)	
Lucille Sant	mier		The second of the						ederio			1701
Da. METHOD OF DISPOSITION		20b. Pl A/	E OF DISPO	SITION (N	eme of ce	metery, crer	metory or			CATION — CI		
Burial 2 ☐ Cremation 3 ☐ R ☐ Donation 5 ☐ Other (Specify) _	emoval from State	other	True	Gost	pel	Cemet	terv			isbor		
I. SIGNATURE OF FUNERAL SERVICE	LICENSEE					ND ADDRE					,	
· 10/1 - J	200				Oli	n L.	Mol	eswor	th, P.	A.		
Illin L.	Wolesu	alle			261	77 R	idee	Rd.	Damas	CUS.	Md.	20872
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	(OR AS A CONS										
esulting in death) LAST	_ d											
PART II. Other significant conditions of the con	tions contributing to	deeth but no	t resulting	in the u	nderfyln	g cause	given in		24e. WAS AN PERFOR 1 YES 2	MED?	6	VERE AUTOPSY FINDII NAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	DEATH (C	heck only one)			
1 YES 2 NO	1 Inpatient 2		3 🗆 DOA			ne 5 🗆 A	esidence	6 🗆 Other	(Specify)			
7. MANNER OF DEATH	28a. DATE Of (Month, E		25b. TH	ME OF		JURY AT		28d. DES	CRIBE HOW I	NJURY OCCU	PED	
Natural 5 Pending 2 Accident Investigation	1000			М		YES 2 [□ NO					
3 Suicide 6 Could not determined	be building.	OF INJURY At, etc. (Specify)	home, farm,	street, fac	tory, offic	De .		28f. LOCA City o	TION (Street a r Town, State)	and Number o	or Rural Ro	ute Number,
anal	HYSICIAN: To the best of											and manner as state
96. SIGNATURE AND TITLE OF CERT	FIER A					29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)
Krel C	Bollen	2	(A A			r	12	101		▶ 3/		
O. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH	TEM 271 (750)	a Print	_	1/4	-	,-		21	-0//	phys
Lloyd E. Halv					- A		773	1				
				rane	y AT	е.,	rrec	erick	, Md.			
31. DATE FILED (Month, Day, Year)	Aulia Janes	AR ABONDAN	2									
ADD DI IUUI												

4 and the same

	REGISTRAR					DEATH		REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Lost) Ada B.	Stewai	rt Ada	Bella	e St	ewart 	2. DATE MONT	of DEATH	91	14:15 M
)	4. SOCIAL SECURITY NUMBER 215-86-8382	6. SEX 6. AGE (III	n yrs. last birthday) 95 yrs .	# UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE (Mont)	OF BIRTH 1, Day, Year) 08/189	5 Ha	HITTNPLACE (State or Foreign country) amilton, VA
7	90. FACILITY NAME (II not institution, give str Washington County	The state of the s				R LOCATION OF TOWN	DEATN		9c. COUNTY (of DEATH hington
РЕСТОЯ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TY, TOWN C						10d. INSIDE CITY LIMITS?
ERAL DIR	Maryland Frede	erick	E	Bruns		. ZIP CODE				1 YES 2 □ NO OF WHAT COUNTRY?
FUNER	47 E. "B" Street	12. WAS DECEDENT EVER IN	U.S. ARMEO			21716 ENDENT OF NISE			USA or No- 14.	RACE — American Indian, Black, White, etc.
87	1 Never Married 2 Married 3 Widowed 4 Clyorced	FORCES? 1 YES	2 <u>X</u> XNO ATES			ecify Cuban, Mex 2 NO Spe		Rican, etc.)		Specify: White
ETED.	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			work done use retired.)	CCUPATIO during mo	ON st of working	168		SINESS/INDUST	RY
COMPL	6 17. FATHER'S NAME (First, Middle, Last)		Housev	vife		18. MOTNER'S	NAME (First,		maker Surname)	
BE C	Mahlon T. Arnett	<u> </u>	19h MAILIN	IG ADDRES	R /Street s	Mary and Number or Rui		e Simp		ia)
5	Wendell M. Stewar		3509) Pet	ersv	ille Ro	., Kn	oxvi11	e, MD	21758
	20a METHOD OF DISPOSITION 1 \(\tilde{\Omega} \) Burlel 2 \(\tilde{\Omega} \) Cremetion 3 \(\tilde{\Omega} \) Remote 4 \(\tilde{\Omega} \) Donation 6 \(\tilde{\Omega} \) Other (Specify)	oval from State	other place)	ark H	eigh	ts Ceme	tery	Bru		, MD 21716
	21. SIGNATURE OF FUNE AL SERVICE LIC Barbara A. Wi	Iliams, Funer	Mir ral Dir.			T. Will				ck, MD 21716
	23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition raculting in death)	List only one cause on e	ech line.	,		L)		diec or reap	iratory arreat	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	Spire	51	Lalure)	J			
MEDICAL	PART II. Other algorificant condition	conce and	,	/	-	g ceuse given	In Part I.	24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHE 4 D No	R:	LACE OF OEATN				-
BY PHY	27. MANNER OF CEATH 1 Neturel 8 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		IME OF INJURY M	W	JURY AT ORK? YES 2 NO	28d. DI	EȘCRIBE HOW	INJURY OCCUR	RED
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURN building, etc. (Spe		n, street, fe	ctory, offi	ce		CATION (Street y or Town, State		Rurel Route Number,
COMPLETED	(Uneck only	ICIAN: To the best of my know ER: On the basis of examination								cause(s) and manner as stated.
BE	29b. SIGNATURE AND THE OF CENTURE	1 mo				29c. LICENSE D 26	NUMBER		29d, DATE #	IGNEO (North, Day, Year)
을 일	30. MAME AND ADDRESS OF PERSON W	P. L. Kugley			eelm	. / a		Kendy	11	Md 21756



H

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / D CEF	EPARTMENT OF H		NTAL HYGIENE REG. NO.	9	09516
	1. DECEDENT'S NAME (First, Middle, Lest)	LILLEY	STAC	1	DATE OF DEATH DATE OF DEATH		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest bi			DATE OF BIRTH (Month, Day, Year)	8. Bit	RTHPLACE (State or Foreign unity)
	577-09-5788	1⊠ M 2 □ F 84	YRS. MONTHS DAYS	HOUNS MIN.	6 8 190		ew York
1/2	90. FACILITY NAME (If not institution, give st SHADY GROVE	ADUENTIST HO		R LOCATION OF DEATH kville	1		gomery
рівестоя	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		IOcCITY, TOWN OR LOCAT	ION			10d. INSIDE CITY
E O		gomery	Beallsv				LIMITS?
RAL	100. STREET AND NUMBER	ver Farm	101.	ZIP CODE 208	3.0	10g. CITIZEN O	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARME		ENDENT OF HISPANIC	ORIGIN? (Specify Yee	or No.— 14. R.	ACE — American Indian,
BY F	1 Never Married 2 M Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		2 NO Specify:	uerto Ricen, etc.)		white, white, atc. White
8	15. DECEDENT'S EDU (Specify only highest grade	CATION 16a. DECE	DENT'S USUAL OCCUPATION kind of work done during mo	ON el of working	186. KIND OF BUS	INESS/INDUSTR	
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	NOT use retired.)	or working			
OMF	17. FATHER'S NAME (First, Middle, Last)	L Who	lesale nu	16. MOTHER'S NAME	(First, Middle, Maiden :	Surname)	
BE C	Edward L. Stoc				sa Stev		
10	190. INFORMANT'S NAME (Type/Print) Mary Wright St		anover Fa				
200	20e. METHOD OF DISPOSITION 1 35 Burlel 2 Cremetion 3 Rem	20b. PLACE OF	DISPOSITION (Name of cen		20c. LO	CATION - City o	or Town, State
	4 Donetton 5 Other (Specify)		Monoc	acy D ADDRESS OF FACILI		llsvil	lle, Md.
	> hrill - C	1/:H=	Hilt	on Funer	al Home		
	23. PART i. Enter the diseases, or o	complications that caused the deat	h. Do not enter the mo	esville da of dying, auch a	Md 20 a cardiac or reapl	838 ratory arrest,	Approximata
	IMMEDIATE CAUSE (Fine)	List only one cause on each line.	01.	1			interval Between Onset and Death
,	disease or condition reaulting in death)	a. M/45/) XX	ENCE OF:	isease			
Z Z		b	-				
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEOU	ENCE OF):				
IFIC	CAUSE (Disease or Injury that initiated eventa	C. DUE TO (OR AS A CONSEOU	ENCE OF):				
CERTIFICATION	resulting in death) LAST	d					
	PART II. Other significant condition		ulting in the underlying		rt i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Rislask	emouspe (ownary	wreny	_ 1 _ YES 2	□ NO	OF DEATH?
N: ME					-		1 123 2 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATH (Check			
HYS	1 YES 2 NO 27. MANNER OF DEATH		28b. TIME OF 28c. INJ	URY AT 2	Other (Specify) 8d. DESCRIBE HOW I	NJURY OCCURE	0
D BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆	YES 2 NO			
CB IS	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, atc. (Specify)	e, farm, atreet, factory, offic	2	8f. LOCATION (Street a City or Town, State)		ural Route Number,
COMPLETED	29e. CERTIFIER 1 CHECK ONLY	ICIAN: To the best of my knowledge, deat	h occurred at the time, date	and place, end due to	the cause(e) end mer	nner ee stated.	
BE COM	one) 2 MEDICAL EXAMINE	ER: On the beels of axamination and/or im	restigation, in my opinion, o	leath occured at the tim	ne, date and place, an	d due to the cau	use(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	hun lac	MO	29c. LICENSE NUMBE	R	29d. DATE SIG	INED (Month, Day, Year)
임	30, NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	- //		3/2	
	ALAN CHANAL		HADY GR	OVE RO	ROCK	NUE	MD 2080
	MAR 2 5 1991	AZ. AFGISTRA CARROLLE					

09516

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H

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAR			IEALTH AND DEATH	MEN	TAL HYGIEN REG. NO.	_		09517
1. DECEMBIT'S NAME (First	Middle, Last)	0. 5	Tro/	innie 19	Orio	n	Strong		ATE OF DEATH	- 9	YEAR	2. TIME OF DEATH A
4. SOCIAL SECURITY NUMBER 218-80-2739		5. SEX	8. AGE (In y	rs. (st birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D.	TE OF BIRTH forth, Day, Year)	909	8. BIRTI	HPLACE (State or Foreign yland
Se FACILITY NAME (II not in	Me	m Ho	spit	9/	9b. CITY,	VIC	P OE	елтн	Ace		NTY OF D	ord
10a. STATE Maryland	10b. COUNTY	arford			ry, town or		TION					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER 800 Stepney	y Road						1. ZIP CODE 1001			10g. CI	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2X NO	н	yes, sp	ENDENT OF HISPA ecify Cuban, Mexic 2 NO Speci	an, Pue		or No—	Blac	E — American Indian, k, White, etc. White
	CEDENT'S EDU ly highest grade 3-12)		,	GA: DECEDENT'S (Give kind of life. Do NOT u	work done d		ON est of working		16b. KIND OF BU	siness/in Iome	DUSTRY	
17. FATHER'S NAME (First, M Harry	fiddle, Last)	Wilson					18. MOTHER'S N. Cather		rst, Middle, Melden	Surname)	(Ur	nknown)
190. INFORMANT'S NAME (1	_	e11					and Number or Rural Drive, E					
20a, METHOD OF DISPOSIT	TION on 3 - Rem		of cen	LACE AND DAT	E OF DISPO	OSITION (ace)	(Name		DATE 20c. LO	CATION -	- City or T	own, Stata
4 Donation 5 Dother 21. SIGNATURE OF FUNERAL 21. SIGNATURE OF FUNERAL 21. SIGNATURE OF FUNERAL 21. SIGNATURE OF FUNERAL 22. SIGNATURE OF FUNERAL 23. SIGNATURE OF FUNERAL 24. SIGNATURE OF FUNERAL 25. SIGNATURE OF FUNERAL 26. SIGNATURE OF FUNERA		CENSEE MAR	- We	esleyan	22. T	WAY	ND ADDRESS OF F	Come	as III F	uner	al H	irace, Md. Iome, P.A. Id. 21009
23. PART I. Enter the dehock, or he immediate CAUSE (Findlesse or condition resulting in death)	eart fallure.	e. M7	EPU	h line.	not enter	the mo		ch ae	cardlec or reep	iretory a	rreat,	Approximate interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING ury	c		ONSEQUENCE O								
PART II. Other eignifica	ant condition	y CLV	death but \mathcal{NG}	not resulting	in the un	derlyin	g cause given in	n Part	i. 24a. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	FR/Output	ent 3 🗆 DOA	OTHER	t:	LACE OF DEATH (C		55 10			
27. MANNER OF DEATH	Pending Investigation	28a. DATE O		28b. TII		28c. IN.	JURY AT DRK? YES 2 NO	_	DESCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE (building	OF INJURY — , etc. (Specify)	At home, farm,	street, facto	ory, offic	De .	281.	LOCATION (Street City or Town, State	and Numb)	er or Rural	Route Number,
one)		SICIAN: To the best of										(s) and manner as stated.
Party N	E OF CERTIFIE	unshi	m	2			DO 70	JMBER 4	W	29d. D/	3/2	(Month, Day, Year)
DAVTE	PERSON W	MUN A	PKIL	H (ITEM 27) (Typ	e, Print)	/	torre	de	Grace	- (al	21018
31. DATE FILED (Month, Day,	'91	32. REGISTR		une Pandelle								

MELLER LANGE OF PARTY MICHAEL

The field of the second of the

- STATE REGISTRAR			CI	ERIII	ICATE	F DEATH	-	REG. NO			
DECEDENT'S NAME (First, A	Aiddle, Last)	E.	SAVO	V				OATE OF DEATH	AY G	Q/EAR	3. TIME OF DEATH
. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	R IF UNDER 24 HR	s. 7. E	ATE OF BIRTH	-		IPLACE (State or Foreign
219-12-12	09	1 1 M 2 F	63	YRS.	MONTHS DAY	HOURS MI	0	7/23/19	27	Count	"MO
e. FACILITY NAME (If not insti		rest end number)	0 1		9b. CITY, TOW	N OR LOCATION O	DEATH	1	9c. COL	JNTY OF E	DEATH
Liberty	1 ME	edical	Cente	21	B	altin	HOT	e CITY	B	a	
DESIDENCE OF DEC	DENT			1 100 00	ry, TOWN OR LO	CATION					10d. INSIDE CITY
110		ARROLL		4	2 4	VILLE					LIMITS?
Oo. STREET AND NUMBER					The	101, ZIP CODE			10a. CI	TIZEN OF	WHAT COUNTRY?
5516	Lean	HOUSE	RI			2178	4		1.00	115	4
1. MARITAL STATUS	17000		IT EVER IN U.S. AF	RMED	13. WAS	ECENDENT OF HIS	PANIC O	RIGIN? (Specify Yes	e or No-	14. RAC	E — American Indian,
Never Merried 2 M	lerried		YES 2		If yes	specify Cuben, Me ES 2 NO S	xicen, Pu			Spec	k, White, atc.
Widowed 4 Divorc	ed	11 723, 0172 1	MAN ON DATES		1	E3 2 1 NO 3	есну.			Spec	BLACK
15. DECEI (Specify only i	DENT'S EDUC		16a. DI	ECEDENT'S	B USUAL OCCUP	ATION most of working		16b. KIND OF BU	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-1		College (1-4 or 5	His-	o. Do NOT u	ise retired.)	111-0					
32				LA	BOR	ER					
7. FATHER'S NAME (First, Mid	idle, Last)				the section	18. MOTHER'S	NAME (First, Middle, Maiden	Surneme)		
Louis	5,	PUORU				AO	95	NOWO	EN		
90. INFORMANT'S NAME (Typ	oe/Print)		19	Db. MAJLING	G ADDRESS (Str	et end Number or R			vn, State, 2	(ip Code)	
BESSIE	GAS	SAWAY		55	1 Sch	OOL Flo	U50	RL Sik	E501	ILLE,	MD. 2178
tea. METHOD OF DISPOSITIO		ovel from State			y or other place)	ON (Name	1	DATE 20c. LC	CATION -	- City or T	own, State
□ Donetion 5 □ Other (5			1	Aug 0 a			1.			2000	11-
▶ Bua 23. PART I. Enter the dis		Haight complications the	Lt at caused the d	eeth. Do	22. NAM	AIGHT	FU	MERAL	HO 217	ne 184	(9.0, BOX / (301)-795-1 Approximate
23. PART I. Enter the dis shock, or her IMMEDIATE CAUSE (Fine disease or condition	eeses, or controllers.	· Haig	et caused the duse on each lin	eeth. Do	22. NAM	AIGHT	FU	MERAL	HO 217	me 184	(9.0, BOX 19 (30)-795-19 Approximate Interval Betw
Dua 23. PART I. Enter the dis shock, Dr he- IMMEDIATE CAUSE (Fine	eeses, or controllers.	complications the	et caused the duse on each lin	eeth. Do	22. NAM not enter the	AIGHT	FU	MERAL	HO 217	me 184	(9.0, BOX 19 (30)-795-19 Approximate Interval Betw
23. PART 1. Enter the dis shock, Dr her immediate Cause (Fine disease or condition resulting in deeth)	eeses, or cort fellure.	complications the	et caused the di use on each lin Septi	eeth. Do	not enter the	AIGHT	FU	MERAL	HO 217	me 184	(9.0, Box 19 (30)-795-1 Approximate Interval Betw
23. PART I. Enter the disshock, or he- immediate Cause (Fine disease or condition resulting in deeth) Sequentially list condition if any, leading to immediate	neeses, or cert fellure.	complications the List only one can burn to be the complete to	et caused the dues on each lin	eeth. Do	not enter the	AIGHT	FU	MERAL	HO 217	me 184	(9.0, Box 19 (30)-795-1 Approximate Interval Betw
23. PART I. Enter the dis shock, Dr her immediate CAUSE (Fine disease or condition resulting in deeth) Sequentially list condition if eny, leeding to immedicause. Enter UNDERLYIN	neeses, or cert fellure.	a. DUE TO	et caused the duse on each lin Cepi O (OR AS A CONSE O (OR AS A CONSE C H	eeth. Do ie. C & EQUENCE C	not enter the	AIGHT	FU	MERAL	HO 217	me 184	(9.0, BOX / (30)-795-1 Approximate Interval Betw
23. PART I. Enter the disshock, Dr he iMMEDIATE CAUSE (Fine disease or condition resulting in deeth) Sequentielly list condition if eny, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated eventer interests and control of the contro	neeses, or cert fellure.	a. DUE TO	et caused the duse on each lin	eeth. Do ie. C & EQUENCE C	not enter the	AIGHT	FU	MERAL	HO 217	me 184	(9.0, BOX / (30)-795-1 Approximate Interval Betw
23. PART 1. Enter the disshock, pr her immediate CAUSE (Fine dissess or condition resulting in deeth) Sequentially list condition if eny, leading to immediate. Enter UNDERLYIN CAUSE (Dissass or injur	neeses, or cert fellure.	a. DUE TO	et caused the duse on each lin Cepi O (OR AS A CONSE O (OR AS A CONSE C H	eeth. Do ie. C & EQUENCE C	not enter the	AIGHT	FU	MERAL	HO 217	me 184	(9.0, Box 19 (30)-795-1 Approximate Interval Betw
23. PART I. Enter the disshock, Dr he iMMEDIATE CAUSE (Fine disease or condition resulting in deeth) Sequentielly list condition if eny, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated eventer interests and control of the contro	property of the second of the	a. DUE TO DUE TO DUE TO	coused the dues on each line.	eeth. Do le. EQUENCE C EQUENCE C	not enter the	AIGHT WGUL mode of dying,	FU U.F. such sa	Gardisc or resp	217 217 Piratory s	MS4 mest,	(P.D., BOX / (30)-795-/ Approximate Interval Betw Onset and De
23. PART I. Enter the disshock, Dr her immediate CAUSE (Fine dissess or condition resulting in deeth) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injurithet initiated evente resulting in deeth) LAST	property of the second of the	a. DUE TO DUE TO DUE TO	coused the dues on each line.	eeth. Do le. EQUENCE C EQUENCE C	not enter the	AIGHT WGUL mode of dying,	FU U.F. such sa	NECH MO Gardisc or resp	Platory s	MS4 mest,	(P.D., BOX / (30)-795-1 Approximate Interval Betwood Onset and Diagram of the Commentation of
23. PART I. Enter the disshock, Dr her immediate CAUSE (Fine dissess or condition resulting in deeth) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injurithet initiated evente resulting in deeth) LAST	property of the second of the	a. DUE TO DUE TO DUE TO	coused the dues on each line.	eeth. Do le. EQUENCE C EQUENCE C	not enter the	AIGHT WGUL mode of dying,	FU U.F. such sa	cardiac or responsible to the control of the contro	Platory s	MS4 mest,	(P.O. BOX / (30)-795+ Approximate Interval Betwood Onset and Double of the Company of the Compa
23. PART I. Enter the disshock, Dr her immediate CAUSE (Fine dissess or condition resulting in deeth) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injurithet initiated evente resulting in deeth) LAST	property of the second of the	a. DUE TO DUE TO DUE TO	coused the dues on each line.	eeth. Do le. EQUENCE C EQUENCE C	not enter the	AIGHT WGUL mode of dying,	FU U.F. such sa	cardiac or responsible to the control of the contro	Platory s	MS4 mest,	Approximate Interval Betwoon Oneet and De Competent To Compete To
23. PART 1. Enter the dis shock, Dr her shoc	pone, lete	DUE TO DUE TO DUE TO C. DUE TO DU	coused the dues on each line.	eeth. Do le. EQUENCE C EQUENCE C	not enter the DF):	AIGHT WGUL mode of dying,	such se	Cardiac or respondence of the Person of Yes	Platory s	MS4 mest,	Approximate Interval Betwoon Onset and Dispersion of Causton of Causton of Causton of Causton of Death?
Buta 23. PART I. Enter the dis shock, or her shock or shock o	pone, lete	DUE TO coused the dues on each line.	EQUENCE C	not enter the 22. NAM 22. NAM 25. NAM	mode of dying,	I (Check c	dardisc or respondence or respondenc	Platory s	MS4 mest,	Approximate Interval Betwoon Onset and Dispersion of Causton of Causton of Causton of Causton of Death?	
23. PART 1. Enter the dis shock, pr her immediate CAUSE (Fine disease or condition resulting in deeth) Sequentially list condition for the cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated evente resulting in deeth) LAST PART II. Other eignificen	pone, lete	DUE TO of Cor as a consect of Cor	EQUENCE C	not enter the 22. NAM 22. NAM 22. NAM 23. NAM 24. NAM 25. NAM 26. NAM 27. NAM 27. NAM 28. NAM 28. NAM 29. NA	ying cause give	I (Check conce 5	dardisc or respondence or respondenc	N AUTOPS'RMED?	Y 24	Approximate Interval Betwoonset and De Competent To Compete Property of Death?	
23. PART 1. Enter the disshock, price he immediate CAUSE (Fine dissess or condition resulting in deeth) Sequentially list condition are uniting in deeth) Sequentially list condition for the immediate of the i	pone, lete	DUE TO at caused the dues on each line. Se phinology of the course of the cour	EQUENCE C	DEP: OTHER: 4 Nursing ME OF 28c	ying ceuse give	I (Check c	derdisc or respondence of respondence or respondenc	N AUTOPS'RMED?	Y 24	Approximate Interval Betwoon Oneet and De Competent To Compete To	
23. PART I. Enter the dis shock, Dr her shoc	Done, lete light condition	DUE TO of Cor as a consect of Cor	resulting	not enter the 22. NAM 22. NAM 22. NAM 23. NAM 24. Naming 25. NAM 26. Naming 26. Naming 27. Naming 28. Naming 28. Naming M L OF Laborator 1	ying ceuse gives b. PLACE OF DEATH Home 5 Reside INJURY AT WORK?	I (Check c	derdisc or respondence of respondence or respondenc	N AUTOPS' PRMED? 2 NO INJURY O	Y 24	Approximate Interval Betwood Onset and De On	
23. PART I. Enter the dis shock, Dr her shoc	one, lete of the condition of MEOICAL.	DUE TO et caused the deuse on each line. Se phinology of the course of the cou	EQUENCE C Tequiting Topic farm,	not enter the 22. NAM 22. NAM 22. NAM 23. NAM 24. Naming ME OF 4 Nursing ME	ying ceuse give	I (Check conce 5)	derdisc or respondence or respondenc	N AUTOPS RMED? 2 NO INJURY O	Y 24	Approximate Interval Betwood Onset and De On	
23. PART I. Enter the dissection of the shock, property of the shock of	Desease, or cert fellure. Desease, or cert fell	DUE TO b. DUE TO c. DUE TO d	et caused the deuse on each line. Ce his conse wew. O (OR AS A CONSE of OR AS A CONSE OF	reculting 3 DOA 28b. Till	22. NAM 22. NAM 22. NAM 22. NAM 23. NAM 24. NAM 25. NAM 26. NAM 27. NAM 28. NA	wing ceuse gives s. PLACE OF DEATH Home 5 Reside INJURY AT WORK? YES 2 No	I (Check conce 5)	ardisc or respondence	N AUTOPS' RMED? 2 NO	Y 24	Approximate Interval Betwo Onset and De Onse
23. PART I. Enter the dissection of the shock, property of the shock of	Deeses, or cert fellure.	DUE TO et caused the deuse on each line. Ce his conse wew. O (OR AS A CONSE of OR AS A CONSE OF	reculting 3 DOA 28b. Till	22. NAM 22. NAM 22. NAM 22. NAM 23. NAM 24. NAM 25. NAM 26. NAM 27. NAM 28. NA	wing ceuse gives s. PLACE OF DEATH Home 5 Reside INJURY AT WORK? YES 2 No	I (Check conce 5 28)	ardisc or responder of responder or responde	N AUTOPS' RMED? 2 NO INJURY O	Y 24 CCCURED tated. the ceuse	Approximate Interval Betwo Onset and De Onse	
23. PART I. Enter the dis shock, Dr her shoc	Deeses, or cert fellure.	DUE TO et caused the deuse on each line. Ce his conse wew. O (OR AS A CONSE of OR AS A CONSE OF	reculting 3 DOA 28b. Till	22. NAM 22. NAM 22. NAM 22. NAM 23. NAM 24. NAM 25. NAM 26. NAM 27. NAM 28. NA	wing cause gives by PLACE OF DEATH Home 5 Reside INJURY AT WORK? YES 2 No office date and place, and in, death occurred a	I (Check conce 5 28)	ardisc or responder of responder or responde	N AUTOPS' RMED? 2 NO INJURY O	Y 24 CCCURED tated. the ceuse	Approximate Interval Betwoonset and De Onset and De	

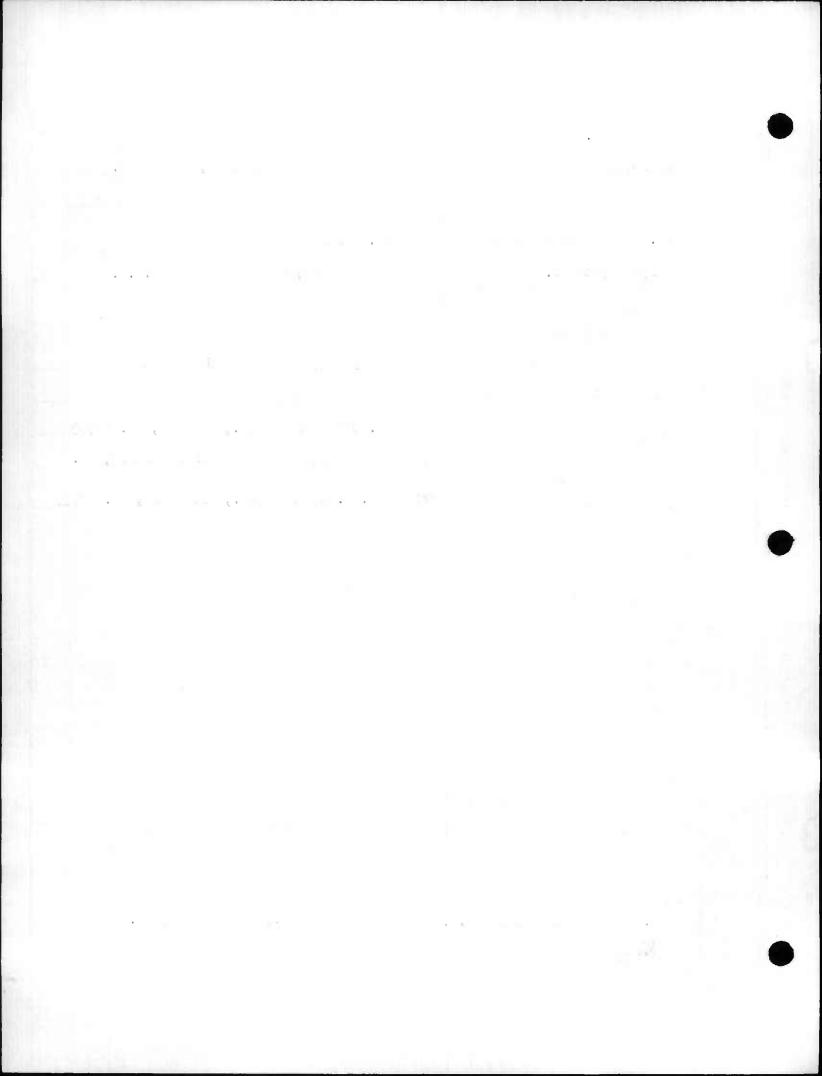
22. REGISTRAR'S SIGNATURE

MAR 28 '91

101 7 C 00

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE	OF DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DATE DATE DATE DATE DE		3. TIME OF DEATH			
John C.	Sac				03-22-		7:28 P			
4. SOCIAL SECURITY NUMBER	0.000	. AGE (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
210-16-0711	1 M 2 □ F	79 YRS.	MONTHS DA	HOURS MIN.	MARCH 8,1	912	PA.			
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF O		9c. COUNTY				
Leland Memoria	l Uconital		D.	. 1 1		-				
RESIDENCE OF DECEDENT	L HOSPILAI		Kive	rdale		Princ	e George's			
10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY			
MD. PR	INCE GEORGI	re	MITTO TO	AINIER			LIMITS?			
10s. STREET AND NUMBER	THOE GEOIGI	313	LIT . L	101, ZIP CODE			4 H			
						10g. CITIZET	OF WHAT COUNTRY?			
4134 34th	ST.			20712			S.A.			
11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARMED YES 2 X NO	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14	RACE — American Indian, Black, White, etc.			
1 Never Married 2 Married	IF YES, GIVE WAF			YES 2 NO Speci		- 1	Specify:			
3 Widowed 4 Divorced				24			WHITE			
15. DECEDENT'S EC		16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUS	TRY			
(Specify only highest gra	College (1-4 or 5+)	Iffe. Do NOT u	work done durir ise retired.)	ng most of working						
Listing (C-12)]	ייין דותוני	DAT DT	RECTOR	FUTURE	RAL HO	Mr			
17. FATHER'S NAME (First, Middle, Last)	alla.	PUNE	MAL DI		AME (First, Middle, Maiden		/PULL			
	P1 6 P1 11									
ALEXANDER	SACKS			ANN		ORKO				
19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (S	reet and Number or Rural	Route Number, City or Tow	m, State, Zip Co	cle)			
ALEXANDER	SACKS	2415	E. U	NIVERSITY	BLVD., ADE	LPHI.	MD. 20783			
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO		of cometery, cremetory or			or Town, State			
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	GATE OF H					PRING, MD.			
21. SIGNATURE OF FUNERAL SERVICE	Canada a	GYTTH OF II		ME AND ADDRESS OF F						
disease or condition resulting in death)	a. CARDII	THE AS A CONSEQUENCE CO	OF):	Chronic	Obstruction	hoter				
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Pento	PR AS A CONSEQUENCE CO	Of se	x x						
PART II. Other significant conditions and the significant conditions are significant conditions.	ter Lobe	but not resulting			Part I. 24a. WAS AF PERFO	RMED?	24b, WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	theck only one)					
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	Home 6 - Residence	8 Other (Snank)					
27. MANNER OF OEATH	26a. DATE OF II	IJURY 28b, TH	ME OF 28	c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED			
1 Naturel 5 Pending	(Month, Day		JURY	WORK?						
2 Accident Investigatio		OL HERMA								
3 Suicide 6 Could not 8	26e. PLACE OF building, et	INJURY — At home, farm, c. (Specify)	street, factory.	, office	281. LOCATION (Street City or Town, State		Rural Route Number,			
4 Homicide determined										
enet		ry knowledge, death occur mination end/or investigat					cause(e) and manner as state			
296. SIGNATURE AND TITLE OF CERTIF	VICKON	Poochik	iai	29c. LICENSE N	UMBER		HIGNED (Month, Day, Year) -23-9/			
DR. VICKEN	POOCHIKIAN	м.р. 563		APOLIS RD.	, BLADENSE	URG, M	D.			
MAR 25 91	32. REGISTRAR	s signature Widson-Randal	2				469			

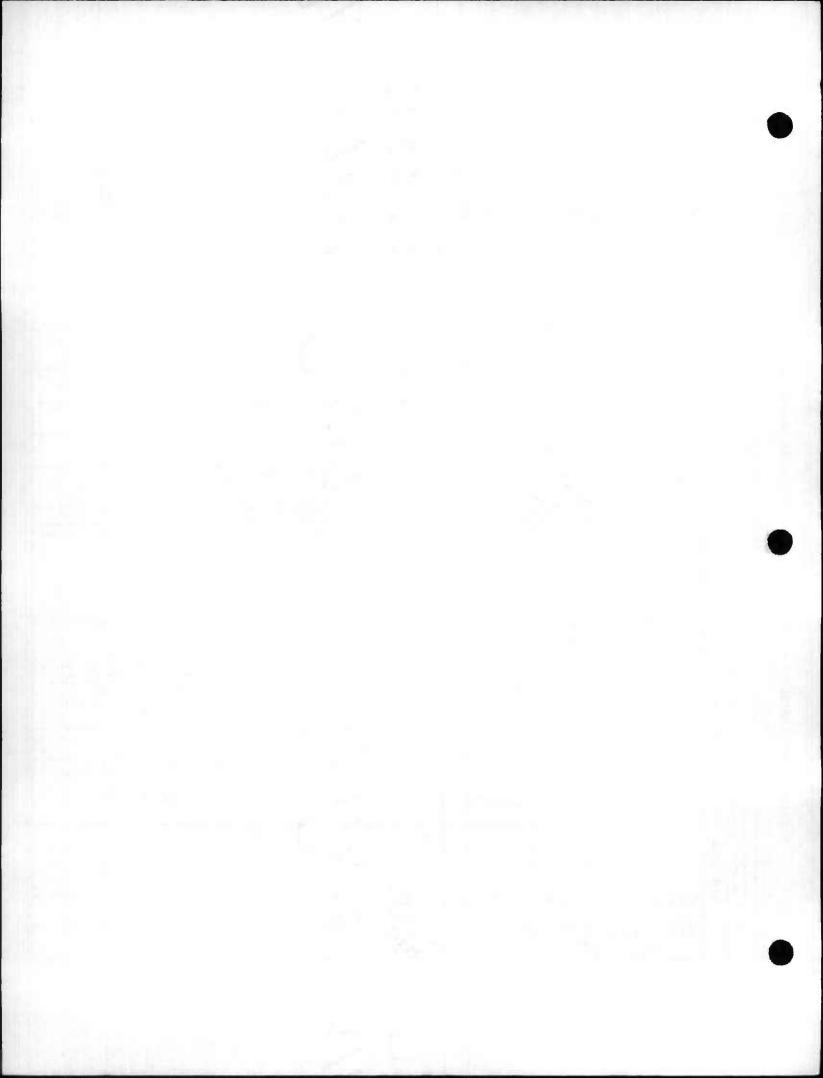


מאבווואסיב, ואיצויו באות	ers after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detached or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL PROCESS, T.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ars after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wired in by the funeral director, page 5 should be detached he fine within 72 hours after hearth with the State Denr. or Health and Mental Molete prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTME			MENTAL HYGIEN	E	91	09520
	1. DECEDENT'S NAME (First, Middle, Lest) IRVING	SHAMES	3			2. DATE OF DEATH MONTH DA	91	EAR 3. TH	110 A M
1st	4. SOCIAL SECURITY NUMBER 5. S.	6. AGE (In you	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	1A	BIRTHPLACE Country)	(State or Foreign
DIRECTOR	9a, FACILITY NAME (If not institution, give at the BREW) HESIDENCE OF DECEDENT	ME	R	OCK	R LOCATION OF DE	E	MON	TGC	MERY
IREC	10e. STATE 10b. COUNTY		10c. CITY, TO						NSIOE CITY
	MARYLAND MONTGOM 104. STREET AND NUMBER	ERY	RO	CKVILL	ZIP CODE		100 CITIZEI	1 X	YES 2 NO
ERA	6105 MONTROSE ROAD		100		20852		_	U.S.A.	
BY FUNERAL	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO	If yes, spe	ENDENT OF HISPAN city Cuban, Maxica 2 XNO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No- 14	Black, White Specify:	nerican Indian, a, atc.
TED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	PN 16s sleted)	DECEDENT'S USUA (Give kind of work d	one during mos	N It of working	18b. KIND OF BUS	INESS/INOUS		
COMPLETED	Elemantary/Secondary (0-12) Co	flege (1-4 or 5+)	BROKER	ed.)		FOOD 1	MDHCT	DV	- 1
MO	17. FATHER'S NAME (First, Middle, Last)		DROKER		18. MOTHER'S NA	ME (First, Middle, Maiden		K1	
BE C	ABRAHAM SHAMES					HAMBURGER			
10	19e. INFORMANT'S NAME (Type/Print) IRVING PINCUS					Route Number, City or Town			20052
	204, METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSITION			, #405 ROC	CATION — CIR	_	20852
	1 M Burial 2 Cremation 3 Ramoval 1 4 Donation 5 Cher (Specify)	From State BET	H SHOLOM	CONGRI	EGATION	CEM. WAS	HINGTO	N, D.	c.
	21. SIGNATURE OF FUNDAM SERVICE LICENSE	- M.		22. NAME ANDANZAN	D ADDRESS OF FA	DBERG MEMOR	RIAL C	HAPEL:	S. INC.
	Jarry	m. I Ius	-	1170 R	OCKVILLE	E PIKE, ROC	CKVILL	E, MD	20852
	23. PART I. Enter the diseases, or companion, or heert facure. List	dicetions that caused the only one cause on each	e deeth. Do not e	ntar the mo	de of dying, suc	h aa cerdiec or respi	ratory arrea	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	STRO	KE						Onset and Death
		DUE TO (OR AS A CO	NSEQUENCE OF):	As.	ELLI.	T115			
NOL	Sequentially list conditions, if any, leading to immediate	DUE TO (OF AS A CO	NSEOUENCE OF):	1011	- 4-1-1	10.)			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury								
F	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSEQUENCE OF):						- 1
	DAST II. Other significent conditions on	needbroken as do sale broken		and the second train	o designation .			+	
CAL	PART II. Other algorificant conditions co	V ART	ERV	D15	EASE	Part I. 24a. WAS AN PERFOR	MED?	AVAIL COME	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
PHYSICIAN: MEDIC									YES 2 NO
N.									100.7
ICIA	. =	SPITAL:		HEM:	ACE OF DEATH (Ch				
HYS	1 YES 2 NO 1 -	28a. DATE OF INJURY	28b. TIME OF	Aursing Hom 28c, INJ		8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCU	RED	
BY P	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 🗆 1	RK?				
0	2 Accident investigation 3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY — I building, atc. (Specify)	At home, ferm, street,	factory, office		28t. LOCATION (Street a City or Town, State)	and Number or	Rural Route N	lumber,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Or	: To the best of my knowledg							manner as stated.
E C	295 GRATURE AND TITLE OF CERTIFIER	Λ	01		29c. LICENSE NUI			BIGNEO (Mont	
TO BI	Barbara	Arra	l		D38	1392	▶ 3	1211	91
F	30. NAME AND ADDRESS OF PERSON WHO CO BARBARA (ARROL	(ITEM 27) (Type, Print)	05	MON	TROSE	RI	Ro	CKVILLE
	MAR 25 91	32. BEGISTRABIS SIGNATU	Pandell					/	

FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYGIENE TE OF DEATH REG. NO.
JULIA	STARK	2. DATE OF DEATH DAY MARCH 19, 1
ADDIES ADDIES NUMBER		

/ D	Γ	1. DECEDENT'S NAME (First, I	Middle, Last)								OF DEATH			3. TIME OF DEATH	
/ I	-1	JULIA		STAR	RK					MARC	H 19.		YEAR	4:23 A M	
3		4 SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE O	OF BIRTH Day, Year)			PLACE (State or Foreign	
EX		062-01-1039	9	1 M 2 X F	85	YRS.	MONTHS	DAY8	HOURS MIN.		29.19	905 Hungary			
AED.	-	9a. FACILITY NAME (If not inst		treet and number)			9b. CITY,	TOWN (OR LOCATION OF D		2/12/		NTY OF D		
E	8	SUBURBAN HOS	PITAL				BI	ETHI	ESDA			MON	TGOM	ERY	
- E	ਹ	RESIDENCE OF DECI	EDENT 10b. COUNT	,		40. 00	Y, TOWN OF	1.00							
\$5H	DIRECTOR													10d. INSIDE CITY LIMITS?	
E LA		Maryland 100. STREET AND NUMBER	MOI	ntgomery		Rockville						I son CITI	ZEN OF V	1 X YES 2 NO	
ZZS	FUNERAL	6060 Califo	arnia	Cirolo	#101								United States		
LOS Par	3	11. MARITAL STATUS	JIIIIa	12. WAS DECEDE		. ARMED	13. W	AS DEC	20852 CENDENT OF HISPA	NIC ORIGIN	? (Specify Yes			- American Indian,	
physic puris		1 Never Married 2 🛣 N			YES 2		H	yes, sp	secify Cuben, Mexic 3 2 X NO Speci	en, Puerto F			Speci	, White, etc.	
attending physician. See as the burlat-transit permit. P. Y. DR. JOHN TA FRANCIS MAYL	BY	3 Widowed 4 Divorce	ced						A					WHITE	
# 32	딢	15. DECE (Specify only	DENT'S EDU		16a	. DECEDENT'S	work done di	CUPATIO	ON ost of working	16b.	KIND OF BU	SINESS/INC	DUSTRY		
by the hospital or atta be detached for use a EASED BY at once, DR.	COMPLET	Elementary/Secondary (0-1	12)	College (1-4 or 5	+)	Iffn. Do NOT u	se retired.)		47						
FEE E	₹	8				Home	naker	_			Own				
by the hos EASE at once.		17. FATHER'S NAME (First, Mid							18. MOTHER'S N	The same		Sumame)			
should by RELE	8	Emanuel (405 884 11 101	2 40000000	(Da	Bertha and Number or Flurel			- O Ti	0.40		
2 0 =	2		0.00.00	ale.						Houte Numb	er, City or low	n, State, Ze	C000)		
Pe Con		Alexander		K	20b. PL/		ame a		TU cremetory or	_	20c 10	CATION	City or To	ern State	
death. Page 6 may CLEARED exeminer must be		1 Burlel 2 Cremetion 4 Donation 6 Other	3 🖺 Rem	oval from State	oth	er place)			Gardens					yland	
is after death. Page 6 min by the funeral director, removaCLEARED edical exeminer must		21. SIGNATURE OF FUNERAL	, ,,	CENSEE		cuir in	22, N	AME A	ND ADDRESS OF F	ACILITY					
LE E	0	*	/	1	11	0								ELS, INC.	
		23. PART I. Enter the dis	u	complications th	772	dooth Do			ROCKVILL					MD 20852 Approximate	
within action pletely filled I cremation, or rent, the me		ahock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in death)		a. Due To	O (OR AS A COI	Pu	ln DF:	w	nerry 1/2 / 1	Ar	rest	_		Interval Between Onset and Death	
certificate be execunding physician and Hygiene prior to bur or other traumatifications or other traumatifications.	ERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	liate NG Y	c	O (OR AS A COL	11,000,00			Hein	<i>y</i>					
the death the atten Mental H	핑	PART II. Other significen	nt condition	na contributing to	o death but n	ot resulting	In the un	derivin	na cause alven is	Part I.	24a. WAS AN	AUTOPSY	241	WERE AUTOPSY FINDINGS	
2 20 2	EDICAL						210 211	y	ig cause given in		PERFO	RMED?	"	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
requires thaten of Health a										_	1 TYES	S IV NO		OF DEATH? 1 YES 2 NO	
Sho of	2													I LIES Z LINO	
has the Dept.	NA I	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF DEATH (C	heck only or	10)				
ficate h State I	SICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatier	nt 3 X DOA	OTHER		me 6 🗆 Residence	6 🗆 Othe	r (Specify)				
ATTENDING PHYSICIAN: The law requ ECTOR: After this certificate has been a since death with the State Dept. of 28 is merked, or item 23 sho	È	27. MANNER OF DEATH		26a. DATE O		26b. Ti	ME OF	28c. IN.	JURY AT	-	CRIBE HOW	INJURY OC	CURED		
NG PHYS frer this ceath with merited,	ВУ Р		Pending restigation	(moral,	Day, Year)		M		VES 2 NO						
L DR ATTENDING P DIRECTOR: After thours after death thours after death		3 Sulcide 6 0	Could not be	28e. PLACE	OF INJURY - A	At home, farm,	street, facto	ry, offic	C0	281. LOC	ATION (Street or Town, State	end Numbe	r or Rural	Route Number,	
S after S	ETE	4 Homicide d	letermined												
DIRECTOR HOURS	1	29a. CERTIFIER 1 CERTI	FYING PHYS	ICIAN: To the best	of my knowledg	e, death occur	red et the ti	ne, dat	e and place, and du	a to the car	see(a) and ma	nner as sta	ited.		
HOSPITAL FUNERAL WITHIN 72 I	COMPL	one) 2 MEDIC	CAL EXAMIN	ER: On the basis of	examination en	d/or investigat	lon, in my o	olnion,	death occured et th	e time, date	end place, a	nd due to t	he cause(a) and manner as stated.	
RTAN KETAN	O O	200 SIGNATURE AND TITLE	ог фентине	n/ /1	##			-	29c. LICENSE NO	MBER _	282	29d, DAT	TE SIGNE	(Month, Day, Year)	
TO THE HOSPITA TO THE FUNERA DE filed within 7	BE C	Howard	1/1	well	ren	M	4).		D 5	038	8	▶ M	ARCH	19, 1991	
/	2	30. NAME AND ADDRESS OF													
4		HOWARD S. G					OLPH	ROA	AD, SUIT	E #10	5, ROC	CKVIL	LE,	MD 20852	
		31. DATE FILED (Month, Day,)			RAR'S SIGNATU										
		MAR 21 '	91	ywa!	Davidson	Modera	ind .								



9	is that the death certificate be executed within a secure after death. Page 6 may be retained by the hospital or attending physician	ined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra-	
BALTIMORE, MARYLAND 21203-3146	M Du	the b	
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		thed by the attending physician and completely filled in by the	and worker prior to contact, or contact,
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ORDS, P.O. BOX 13146,	ertifi	Dui D	1
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0	92	E H	8

			1. DECEDENT'S NAME (First, Middle, Lest) Russell B.	Sc07/	7	ICATE OF		REG. NO 2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
1	2		4. SOCIAL SECURITY NUMBER 578 07 5470	5. SEX 6. AGE (I	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 23, 1	899 Of	THPLACE (State or Foreign ntry)
jr.	2, 3 should	стоя	9e. FACILITY NAME (# not institution, give st 18700 Walker RESIDENCE OF DECEDENT		 £502	100	hersburg	EATH	9c. COUNTY OF	DEATH Somery
	ft. Pages 1,	DIREC	100. STATE 100. COUNTY Maryland		10c. CfT	ry, town on Locat Gaithers				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	ransit perm	FUNERAL		rs Choice Rd		502	20879			USA
3146	r use as the burial-transit permit. Pages	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA		If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 MO Specif	NC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	Ble	CE — American Indian, ick, White, etc.
N B	od for use as	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	s USUAL OCCUPATION work done during modes retired.) ing Sales	ist of working		evator C	0.
MARYLAND 2	2 %	E COMPL	1-12 17. FATHER'S NAME (First, Middle, Last) William A. S	cott			18. MOTHER'S NA	ME (First, Middle, Maiden		
- 6	age 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) Dorothy McIntir 200. METHOD OF DISPOSITION		107		ook Dr.,	Route Number, City or Tow		
BALTIMORE,	tuneral director, page I. examiner must be		1 Burisi 2 Cremation 3 Rem. 4 Donation 5 John (Specify) 21. SIGNATURE OF SURERAL SURVICE LIC	oval from State	other place)	Lincoln 22. NAME A	Cremator	y Bre	entwood,	Maryland
O Supplemental of the same of	filled in by the on, or removal.		IMMEDIATE CAUSE (Final disease or condition	complications that coused List only one couse on e	ach line.	not enter the mo	ode of dying, aud	h as cerdiac or reap	piratory arrest,	Spr. Md. 209 Approximate Interval Between Onset and Death
O. BOX 13146, certificate be executed within	physic ne pri	RTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	CONSEQUENCE C		gall	oladler		3.2 WO
RECORDS, P. Or monitors that the death	en signed by the atten of Health and Mental H shows any Injury, or	MEDICAL CE	PART II. Other algolificent condition	d.	out not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	AALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 2	ate Dept om 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	LACE OF DEATH (C)	s Other (Specify)		
Z	this certif with the rked, or	ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Ybar)		ME OF 28c. IN. WI	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW		
OF VITAL		10		250. PLACE OF INJURY	 At home, farm, 	atreet, fectory, offic	De	28f. LOCATION (Street City or Town, State	and Number or Run)	al Houte Number,
OF VITAL	after death	ETED	3 Suicide 8 Could not be determined	building, etc. (Spec	clfy)				St. A-SM	
VITAL	DIRECTOR: After hours after death	ED	4 Homicide determined 29e. CERTIFIER (Check only	CIAN: To the best of my know	cily) rledge, death occur			time, date end place, e	and due to the caus	(e) end menner ee stated.

20770

MD

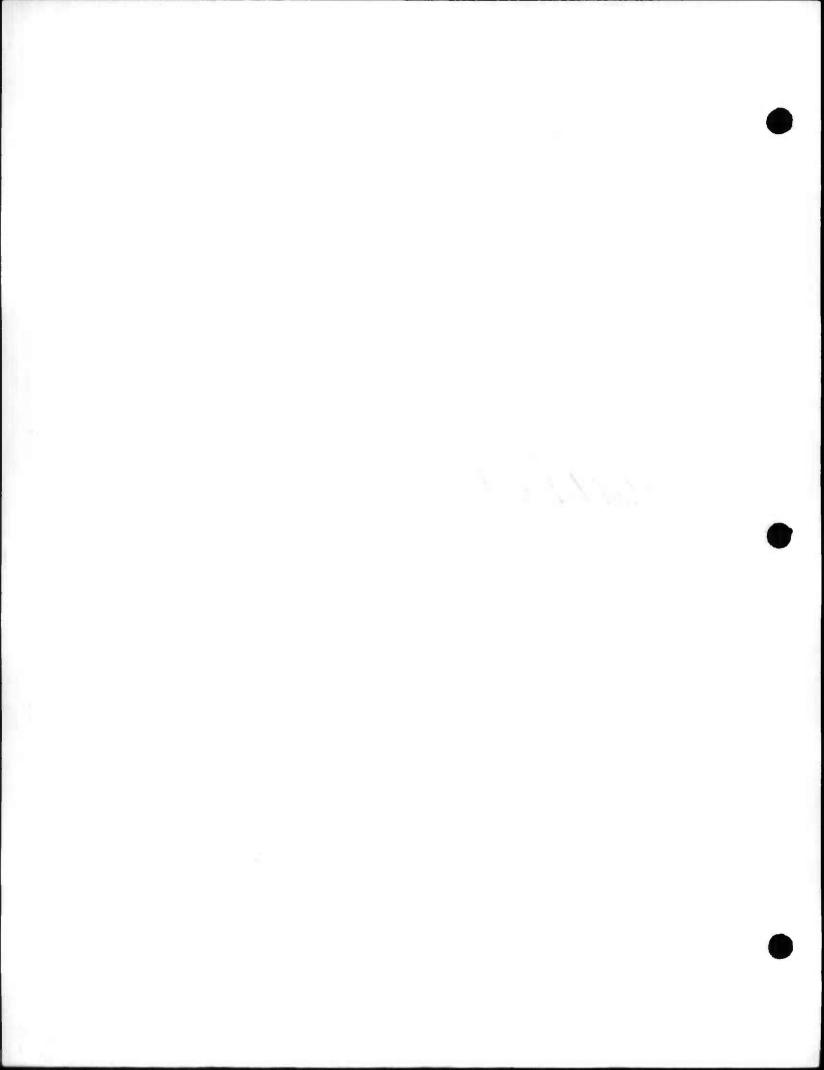
30. NAME AND AGORESS OF PERSON WHO COMBETED CAUSE OF DEATH (ITEM 27) (Type, Print)

15.25 COLLEGE CT OF GLOUISE LT

31. DATE FILED (Month, Day, Year)
MAR 25 '91

12

32. REGISTRAR'S SIGNATURE
Julia Davidon Randelle



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

							9	09523	
	1 - FOR STATE OF MAR			TMENT OF		MENTAL HYGIEN	E		
\neg	1. OECEDENT'S NAME (First, Middle, Last)	?				2. DATE OF DEATH	V VEA	3. TIME OF DEATH	
	David W /it	us				MONTH DA	Y SAF	Ï	M
1		GE (In yrs. lasi	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	RTHPLACE (State or Foreign	
)	219-74-9133 150 M 2 DF 73 YRS. MONTHS DAYS HOURS MIN. (Month, Dex. Year) 5-19-17 Mary								
	9a, FACILITY NAME (If not institution, give street and number)		1	9b. CITY, TOWN	CR LOCATION OF D	EATH	9c. COUNTY O	F DEATH	
E .	Frederick Memorial Hosp	ital	_	Free	derick		Frede	rick	
Ĕ	RESIDENCE OF DECEDENT						11 000		
DIRECTOR	10a. STATE 10b. COUNTY			r, TOWN OR LOC				10d. INSIDE CITY LIMITS?	
	Md. Carroll		M	lt. Ai				1 YES 2 NO	
¥	10e. STREET AND NUMBER			1	01. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
E	4101 Old National Pik	ce			21771		USA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVI					NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14. R.	ACE — American Indian, lack, White, atc.	
BY	1 P Never Married 2 Married IF YES, GIVE WAR O				S 2 NO Specif		Si	pecify:	
						1000 000 000		White	
핃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gi	CEDENT'S ve kind of v Do NOT us	VOIK done during in	ion nost of working	18b. KIND OF BUS	BINESS/INOUSTR	Y	
۳	Elementary/Secondary (0-12) College (1-4 or 5+)	1		,					
COMPLETED	8th		Mecn	anic					
	17. FATHER'S NAME (First, Middle, Last)				E -50-00	AME (First, Middle, Maiden	Sumame)		
BE	John Franklin Titus	1	*****			nie Frye Route Number, City or Tow			_
2	19a. INFORMANT'S NAME (Type/Print)						. = 11		
	Ronnie Sheppard					d. Mt. A	CATION - City o		
	1 1 Buriet 2 □ Cremation 3 □ Removal from State	other pla	ICO)		emetery, cremetory or		1111111 1 11111111		
	4 Donation 8 Other (Specify)		MO	nocacy	AND ADDRESS OF F		allsvi	lle, Md.	_
	1 141/h 0 1/1	14				eral Hom	e		
	well of	u	-			e. Md. 2			
	23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause of			not antar tha n	noda of dying, suc	ch sa cardiac or resp	ratory srrest,	Approximate Interval Batwee	AD
					^			Onset and Das	
	disease or condition resulting in death)	· Lane	WII	2,50	ubolus oscleus	o4		Maria	4
	DUE TO (OR	AS A CONSE	QUENCE O	F);	^				-
z		we	W.	Ather	oscleve	Red			
2	Sequantially list conditions, DUE TO (OR if any, leading to immediate	AS A CONSE	DUENCE O	F):					
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events	AS A CONSE	QUENCE O	F):					
CERTIFICATION	resulting in death) LAST								
	PART II. Other significant conditions contributing to das	th but not i	resulting	in the underly	ing cause given in	Part . 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING	35
CA	CODO SPOUNT		2000	A 16 . 10 1	YOUN Sin	PERFO	PMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	721
G	JOHN JOHN	->1	- NOV	VOC UT	0000 295	1 TYES	NO	OF DEATH?	
Σ							1	1 NES 2 110	
N	AT THE COST DESCRIPTION OF MEDICAL				N 100 05 05 47 11 00				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		_	OTHER:	PLACE OF DEATH (C	1	-000 m	100	_
PHYSICIAN: MEDICAL	1 YES 2 NO 1 Inpatient 2 ER		28b. TIN		ome 5 A Residence	8 Other (Specify) V	1020 Lak		_
	2?. MANNER OF DEATH 28a. DATE OF INJI (Month, Day, Y	bar)	IN.	JURY	NJURY AT WORK? YES 2 NO	400. DESCRIBE NOW	INSURT UCCURE		
BY	2 Accident Investigation	ILIRY At be	me form			281. LOCATION (Street	and Number or D	urei Boute Number	_
	3 Suicide 8 Could not be determined	(Specify)	core, second,			City or Town, State		area - researce - reservisioning	
LET	29a. CERTIFIER 1 X CERTIFICAD BAYESCIAN. To the best of my								_

OMPLETED CAUSE OF DEATH (ITEM 27) (Type, P)

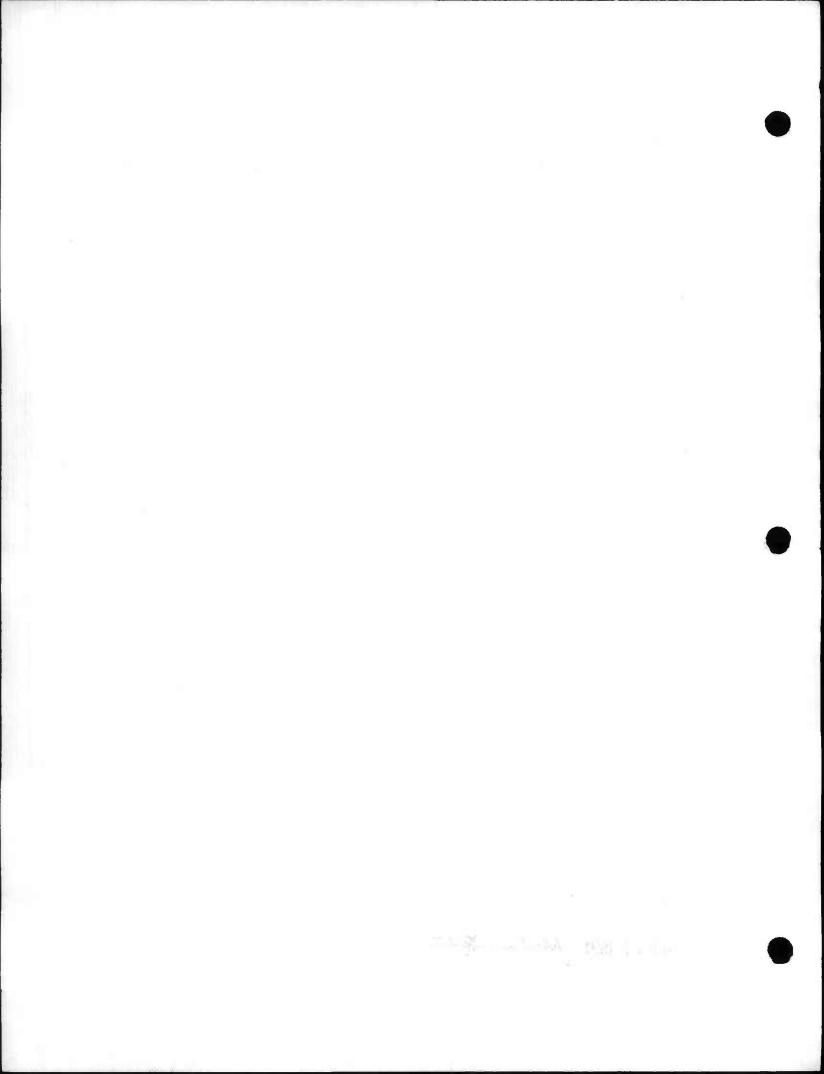
32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

Day, Year)

NED (Mon

31. DATE FILED (Month, Day, Year)
MAR 2 5 1991



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HUSPITAL OH ALLENDING PHYSICIAN: THE IZW REQUIRS THAT THE GRAIT CHURCARE DE EXCURBO MITHIN 54 HOURS ARE DEADLY. FAVE & THAY DE THAT DE HISTORY OF RECENTED BY THE HOSPITAL OF ALLENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	
OL SITERIO	or use as	
e nospital	etached ft	nce.
en do nau	onld be d	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
y De Jeta	age 5 sh	be notil
age o may	director, p	r must
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Scured with	nd comple purial, cre	rtic ever
HE De EM	ysician ar	trauma
n cerunca	Anding ph Hygiene	or other
The deal	by the atte	Injury.
Ulres ma	signed the	ows any
he law red	has been Dept. of	n 23 she
SICIAN: IL	certificate the State	or item
ING PHYS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked
A IEND	RECTOR: A	m 28 is
FIRE OF	ERAL DIF	T: If Ites
THE HES	THE FUNI	PORTAN
2	28	E

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				ENTAL HYGIENI REG. NO.	9	1 09524
1. DECEDENT'S NAME (First, Middle, Last)	CORALE	EE 1	OLLI	VER		2. DATE OF DEATH DA		S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	C MONTHE DAVE MONTHS (Month, Day, Year) Country)						BIRTNPLACE (State or Foreign Country)	
403-26-2891		1 □ M 2 M F 67 YRS. Nov. 18, 1923 Kentuck						
9a. FACILITY NAME (If not institution, give a				N OR LOCATIO		ГН	9c. COUNTY	
Anne Arundel	Medical Cer	iter	An	napol	is		Ann	e Arundel
10e. STATE 10b. COUNT	NTY 19c, CITY, TOWN OR LOCATION 10d, INSID							10d. INSIDE CITY
Maryland Ann								1 TES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	N OF WHAT COUNTRY?
	2566 Housley Road 21401 U.S.A.							
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes	, specify Cube	n, Mexicen,	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No 14.	. RACE — American Indien, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	10	YES 2 📉 NO	Specify:		W	Specify: hite
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	e retired.)		v			
	1	Hom	emake			Home		
17. FATHER'S NAME (First, Middle, Last)	0.44			1000		E (First, Middle, Meiden		
Garfield Nol	an	10h MAII INO	ADDRESS (C)			Llen Tur		ode)
Walter Tolliv	rer	THE STREET						MD 21401
20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF DISPOSIT	ION (Name		DATE 20c. LO	CATION - CIN	y or Town, State
1 Donation 5 Other (Specify)	noval from State	emetery, crematory	or other place)	terv		3/25 Da	vidso	nville, MD
21, SIGNATURE OF FUNERAL SERVICE LI		//	22. NAM	E AND ADDRE	SS OF FACI	UTY		
MMOVAL C	A. Jutu					ral Chap		
23. PART I. Entar the diseases, or	complications that coused	the deeth. Do n	ot anter the	mode of dy	ing, auch	as cerdiac or respi	ratory arrest	t, Approximate
IMMEDIATE CALISE /Final	List only one sause on ea							Interval Batween Onset and Death
disesse or condition resulting in death)	· POLY CYTH	EMIA	VEI	RA				
	OUE TO (OR AS A	CONSEQUENCE OF	7: 4 F	0 -	4.100	EAU	100	
Sequentially list conditions,	B. POLY CYTH. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	11/	Kr	IVITL	- 17772	TOR	
If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF).					j
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	-):					
resulting in death) LAST	d							
PART II. Other significant conditio	ns contributing to death by	it not resulting i	in the under	vino cause	olven in P	art I. 24a. WAS AN	AITTOPSV	24b. WERE AUTOPSY FINDINGS
		at not resenting t	iii tiio dildeii	ying cause	givoir iir r	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YE6 2	X NO	OF DEATH?
						-		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF D	EATH (Chec	k only one)		
1 YES 2 SNO	HOSPITAL:	ntient 3 🗆 DOA	OTHER: 4 Nursing	Home 6 🗆 R	esidence 6	☐ Other (Specify)		
27. MANNER OF DEATN	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY	INJURY AT WORK?		26d. DEŞCRIBE HOW I	NJURY OCCUP	RED
Naturel 6 Pending Investigation				YES 2				
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, s	street, factory,	office		28f. LOCATION (Street e City or Town, State)	end Number or	Rural Route Number,
Tonicon Ciny	SICIAN: To the best of my knowl							
2 MEDICAL EXAMIN	ER: On the basis of axamination	and/or investigation	n, in my opinio	on, death occu	red at the ti	lme, date end place, an	d due to the o	cause(s) and manner as stated.
296. BIDHAZURE AND TITLE OF CHATTING	~~			-	ENSE NUME	18	29d. DATE S ▶ 3/	SIGNED (Month, Day, Year)
STANCET I W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	TNKL	IN	ST AN	IN W	10 21 401
31. DATE FILED (Month, Day, Year)	Julie Davidson-R							
MAR 2 7 1991	grupe Devidoon-10	Medic						

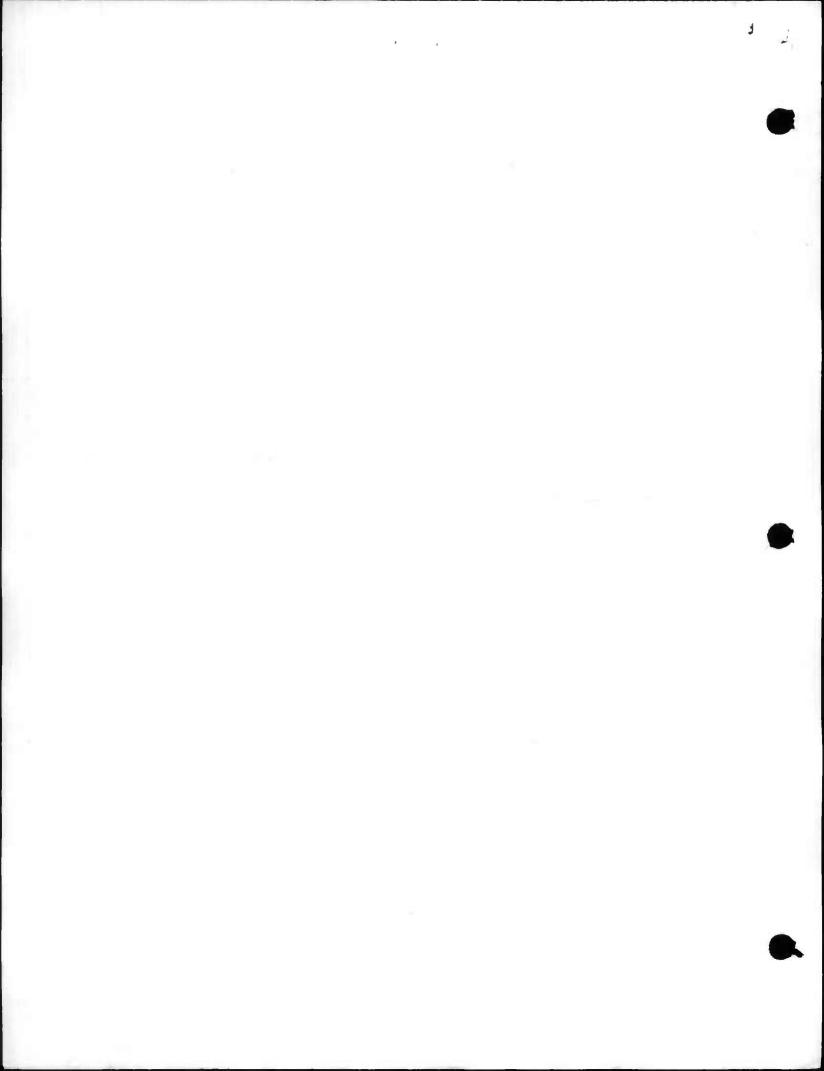
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	9	09525
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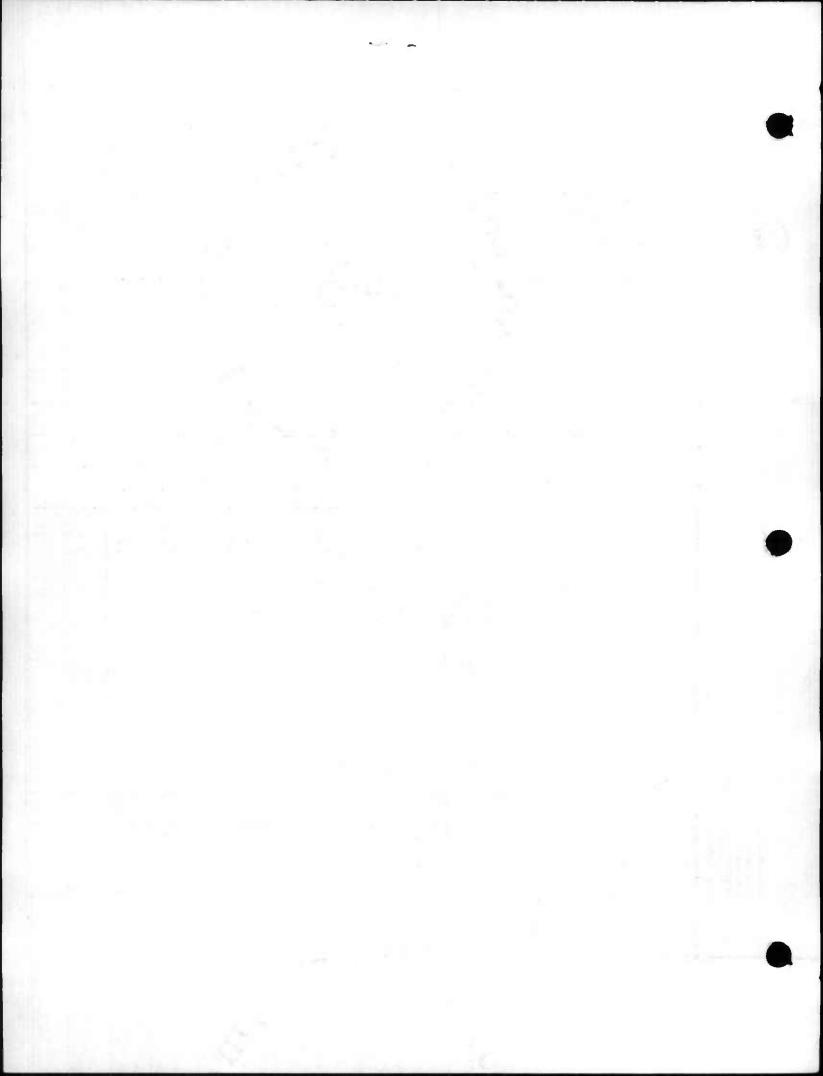
9	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIENI REG. NO.	E 9	09525		
,	1. DECEDENT'S NAME (First, Middle, Last)	R.	TX	ROAST		2. DATE OF DEATH DA	2,199	3. TIME OF DEATH 3 /5 / M		
	4. SOCIAL SECURITY NUMBER 445-28-0960	1 - M 2 XF 5		F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 2, 19		BIRTHPLACE (State or Foreign Country) DKlahome		
NO.	9e. FACILITY NAME (If not institution, give of PENINSULA GENERA		90		LISBURY	ATH	9c. COUNTY	OF DEATH		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ	10c. CITY. T	OWN OR LOCATI	ON		10d. INSIDE CITY			
E		cester		omoke	•••		LIMITS?			
AL.	10e. STREET AND NUMBER	00000	1 100		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
ER/	2106 By-Pass :	Road			21851		USA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDU		18a, DECEOENT'S US	UAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUS			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	ille. Do NOT use n	k done during mos etired.)	t of working					
MP	12		Housew	ife						
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,			
BE	Asa W. Hogue		10h MAII INC AI	ODBESS (Street or		Veighbors Noute Number, City or Town				
2	N. Lester Troa	st. Jr.				Pocomok		N/		
	20e. METHOD OF DISPOSITION	206	. PLACE OF DISPOSIT					y or Town, State		
	1 XBurial 2 Cremetion 3 Ren 4 Donation 8 Other (Specify)		other place) First Ba	ntist	Cemeter	-v Pc	comol	ke, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	O ADDRESS OF FAC	CHLITY				
	South 1	Melson				ERAL HOME		Md. 21851		
	23. PART I. Enter the diseases, or							t, Approximate		
	ahock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cause on e	ech line.					Onset and Death		
		a restin	ATOLY	FAI	WKE					
		DUE TO (OR AS A	CONSEQUENCE OF):							
8	Sequentially list conditions,	B. PESTINA DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	LUNG	CAN.	-51				
F	cause. Enter UNDERLYING	202 10 (011 20 2	· osnozooznoz or j.							
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			_				
CERTIFICATION	resulting in deeth) LAST	d								
	PART II. Other algnificent condition	one contributing to deeth b	out not resulting in	the underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						_		OF DEATH?		
2						_				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
YSIC	1 ☐ YES 2 ☐ NO	1 Inpetient 2 ER/Outs		OTHER:	e 5 🗆 Residenca	8 Other (Specify)				
PH	27. MANNER OF DEATH 1 → Natural 8 → Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WO WO	RK?	28d. DESCRIBE HOW I	NJURY OCCU	RED		
2 Accident Investigation M 1 YES 2 NO										
E	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec		eet, ractory, ornic		City or Town, State)		nurei noute number,		
	29a. CERTIFIER	CICIAN: To the heat of my trace	uladas darih assumed	et the time date	and alone and due	to the course(s) and sur				
3 Sulcides 8 Could not be determined 25 Duliding, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(a) and manner as a										
6 Rotuit all no 129163 > 3/22/81										
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)						
	ROBERT 31. DATE FILED (Month, Day, Year)	ALLEN	560	RIVER	-SIDE 1	DR. SA	4156	14TMA, 2184		
10						7	-			
05	MAR 2 7 '01	8.0. K	., 45							

DHMH-18 Rev 1/89



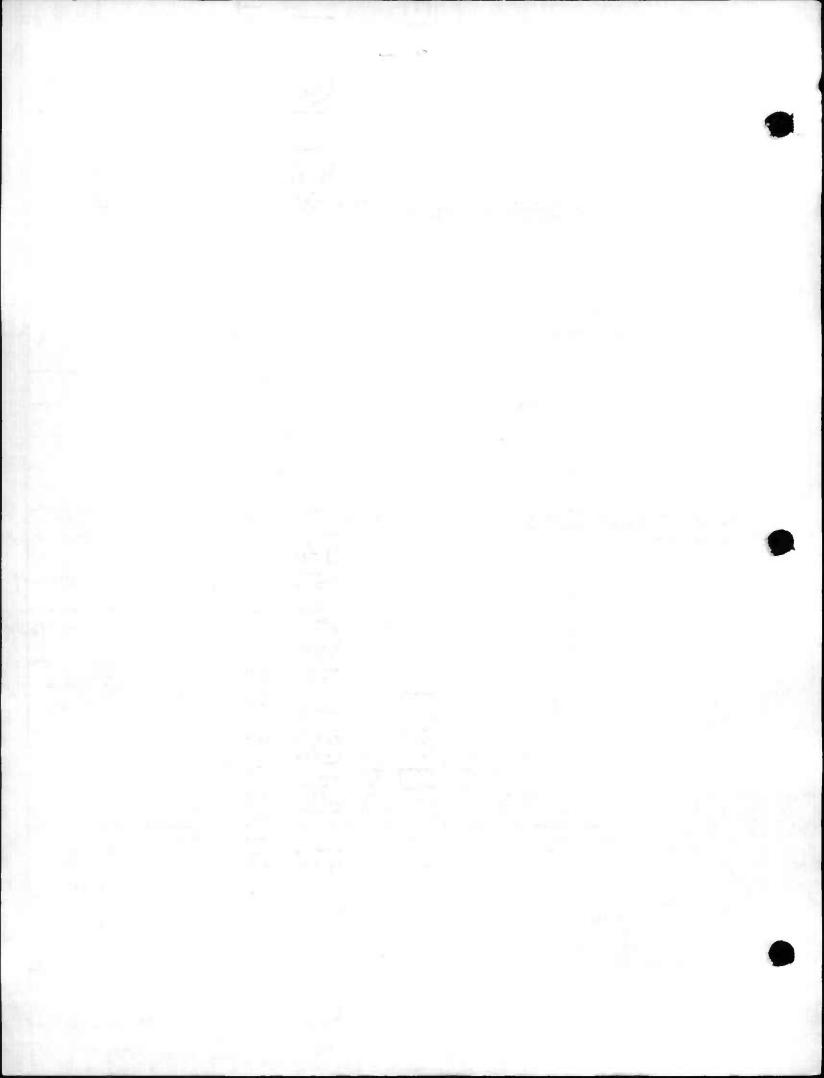
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cx. nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
5 5 3 M	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIE REG. N	6.7	09526				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YI	3. TIME OF DEATH				
	VIRGINIA 4. SOCIAL SECURITY NUMBER	E.		AYLOR # UNDER 1 YEAR	IF UNDER 24 HRS.	March 27	1991	9:14A M BIRTHPLACE (State or Foreign				
	415-05-5472		(In yrs. last birthday) 3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country) Jnkown					
E	9a. FACILITY NAME (If not institution, give PHYSICIANS MEMOR	street and number)	R LOCATION OF O									
5	RESIDENCE OF DECEDENT											
DIRECTOR	Maryland Cha	rles	10c. CIT	La Pla				10d. INSIDE CITY LIMITS? TUTTYES 2 \(\text{NO}\)				
	10a. STREET AND NUMBER	.1165			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
ER/	1 Magnolia	Drive			20646		U.S.	Α.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2X NO	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.) y:	Yes or No — 14	RACE — American Indian, Black, White, etc. Specify: White				
8	15. OECEOENT'S ED (Specify only highest gra			USUAL OCCUPATION		16b, KIND OF	BUSINESS/INDUS	TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	rse retired.)	at or working							
MP	8		Unkow	n	40 MOVIEDS NA	AME (First, Middle, Maid	Unkowr	1				
	17. FATHER'S NAME (First, Middle, Last) Unkown				Unk		en surneme)					
BE	19a. INFORMANT'S NAME (Type/Print)	-:	19b. MAILING	G ADDRESS (Street	Ind Number or Rural	Route Number, City or	Town, Stata, Zip Co	ode)				
٤	Dakota Robins	on, Md. Off:	ice of	WAGTIIA .		t Presto						
	20a. METHOD OF DISPOSITION 1		b. PLACE OF DISPO	osition (Neme of co		HOLE 20c.	Waldor	10 md				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE 10. Lg	ol	22. NAME A	hart Fi	uneral H 567. La	lome,Ir	nc.				
CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreat, shock, or heart failure. List only one cause Dn each line. IMMEDIATE CAUSE (Final disease Dr condition resulting in death) But To (OR AS A CONSEQUENCE OF): B. Due To OR AS A CONSEQUENCE OF): B. Due To OR AS A CONSEQUENCE OF):											
CERTIFICATION	that initiated events resulting in death) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A COMSEQUENCE OF):										
MEDICAL	PART II. Other eignificant conditi	lona contributing to daeth	but not resulting	In the underlylr	g ceuse given in	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C	theck only one)						
Sic	EXAMINER?	HOSPITAL:	stpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		NJURY W	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCU	RED				
2 Accident Investigation								r Rural Route Number,				
TED	_ 0 00010 1101	S Could not be building, etc. (Specify)										
COMPLETED	(Check brily	IYSICIAN: To the best of my known the basic of examinat						d. ceuse(e) and manner es stated,				
TO BE C	29b. SIGNATURE AND TITLE OF CERTI	med an	M	<u>~</u>	DS TICENSE H	0629	29d. DATE	SIGNEO (Month, Bay, Year)				
	30. NAME AND ADDRESS OF PERSON	Je 12.	J 897	Bren) (h	RINT	19,1	m) 508 dP				
	31. DATE FILED (Month, Day, Year) MAK 2 8 '91	132. REGISTRAR'S SH	dson-Rande	2								



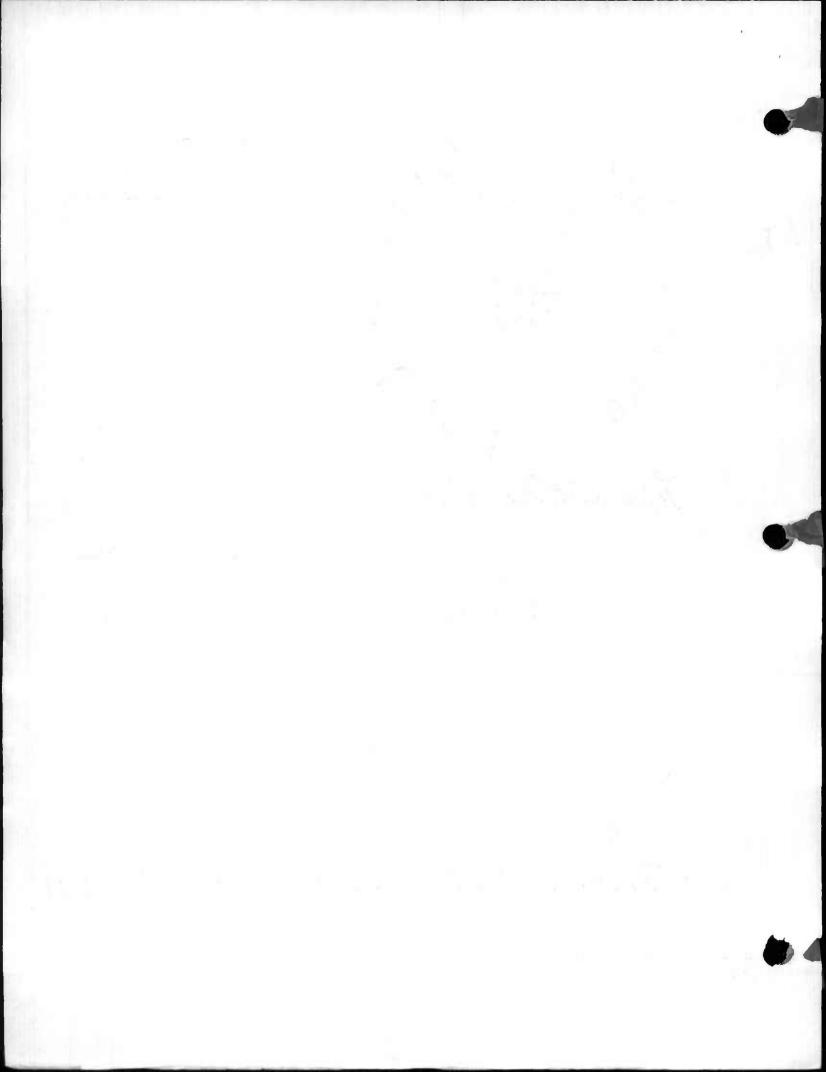
cal examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
noval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
by the funeral director, page 5 should be detached for use as the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us as the
after death. Page 6 may be retained by the hospital or annual	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or anneases
BALTIMORE, MARYLAND 21215-0	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	9	09527
1. DECEDENT'S NAME (First, Middle, Lest)	sheth Tu	rner		2. DATE OF DEATH MONTH DAY	9/ YEAR	3. TIME OF DEATH A
4. SOCIAL SECURITY/NUMBER 218-32-9296	5. SEX 6. AGE (I		DER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Dey, Year) 9/21/1936	Coun	HPLACE (State or Foreign try) yland
90. FACILITY NAME (If not institution, give			AVIR OR C		9c. COUNTY OF	
10a. STATE 10b. COUNT Maryland Harf		Aberde	N OR LOCATION			10d. INSIDE CITY
10e. STREET AND NUMBER	J10	Aberde	101. ZIP CODE		10g. CITIZEN OF	1 N YES 2 NO
116 Mt. Calvary	Church Road		21001		USA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Notional	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		13. WAS DECENDENT OF HIS If yes, specify Cuben, Mex 1 YES 2 2 NO Spe			E — American Indian, ck, White, etc. city: Black
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USUA (Give kind of work do	L OCCUPATION one during most of working ad.)	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		etic Aid	Food Se	rvice	
17. FATHER'S NAME (First, Middle, Last)		DICK		NAME (First, Middle, Maiden S		
Frank Stewart			Saral	Anderson		
19a. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Ru	ral Route Number, City or Town,		00500
Sarah Haskins	1			24 Lacy, Wash		
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rei 4 Donetion 5 Other (Specify)	moval from State	PLACE AND DATE OF D	rer place) Methodist Cer	n. 3/30 Aber	doon M	own, State
21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AND ADDRESS OF	FACILITY		
23. PART I. Enter the diseases, or	A. Ungle	sbee	Aberdeen, Ma	go Funeral Haryland 2100	1-3399	Α.
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	fatele an h	A Carcinin dostan,	e of	Interval Betwee Onset and Das
PART II. Other significant condition	Mas contributing to destrib	ut not resulting in the	underlying cause given	In Part I. 24a. WAS AN A PERFORM 1 TYES 2	AED?	Ib. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	estient 3 2 DOA 4 1	HER: Nursing Home 5 - Residen	ce 6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY	- At home farm street	attory, office	281, LOCATION (Street or City or Town, State)	nd Number or Rura	Route Number,
anal	SICIAN: To the best of my know					(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER MD		29c, LICENSE	NUMBER	29d, DATE SIGNE	27/91
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	8 Lawst	· Aleden	, ne	21001
31. DATE FILED (Month, Day, Year) / MAR 2 8 '91	32. REGISTRAR'S SIGN	ATURE				



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 July after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of Health and Merial Myllene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR		CE	ENTIFIC	JAIL	IF DEA	III	REG. NO.			
*	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE		YEAR	. TIME OF OEATH
	MARY	ELISE	TAG		P I BANKS			7 2	2	91 3 00 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEA		R 24 HRS.	(Month, Day, Year)	,,	Country)	
	578-26-5439	75				1011 22 2		915		TLAND	
	Sa. FACILITY NAME (If not institution, give at	CENTED			VN OR LOCAT	ION OF DEA					
5	GLADYS SPELLMAN	NUKSING	CENTER		CHE	EVERLY		PRINCE GEORGE			
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	r		10c. CITY,	TOWN OR LO	CATION		10d. INSIDE CITY			
Ę	MARYLAND PRINC	E GEORGE	'S	BI.Z	ADENSE	RURG		LIMITS?			
	10e. STREET AND NUMBER			1111	101	101, ZIP COD	Œ		AT COUNTRY?		
	5999 EMERSON STR	REET A	PT. 918			207	10				
Ĕ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR			DECENDENT	OF HISPAN	IC ORIGIN? (Specify Ver			- American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 XI	NO		yes 2 X NO		n, Puerto Rican, etc.)		Specify:	White, atc.
	3 Widowed 4 Divorced					- Q1				I'IHW	E
3	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	CEDENT'S U	ork done durin	PATION g most of work	ing	16b. KIND OF BU	SINESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	160	. Do NOT use	retired.)			5.70	OT TT	000	AND
	6TH GRADE			PACKE	£R					COMPA	YVY
3	17. FATHER'S NAME (First, Middle, Lust)	(INDIA 107 1 -						ME (First, Middle, Maiden			
	ADRIAN THOMAS MA	TTINGLY	1					ALINE GIB			
2	198. INFORMANT'S NAME (Type/Print) MARY ALINE COLLIN	IS						Noute Number, City or Tow			D. 20659
	20s. METHOD OF DISPOSITION	T. 595 T.	20b. PLACE	OF DISPOSI	TION (Name o	of cometery, cre	metory or			- City or Town	
	Marial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	_ CHÂRÎ	ES ME	MORIA	L GAR	DENS	LE	ONARI	NWOIC	MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CEMPET /	1		22. NAN	E AND ADDR	ESS OF FAC	DINER FUN	ERAT.	HOME	P.A.
	Michael	Hay	Line	2				LEONARDIO			
	23. PART I. Enter the diseases, or				ot enter the	mode of d	ying, suci	h aa cardlec or resp	iratory ar	rrest,	Approximate interval Between
	shock, or heart fallure. IMMEDIATE CAUSE (Final							0			Onset and Death
	disease or condition resulting in death)	· Terr	nina	L C	anc	inor	no	OLia	nc	real	20
		DUE TO	OR AS A CONSE	QUENCE OF):			T			
S	Sequentially list conditions,	h /tv	O IDR AS A CONSE	OUENCE OF	١.)				
RIIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Tny	1 CL	tahi	10	1-	01	111			
2	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	EQUENCE OF):			1			
¥	resulting in death) LAST	d									
CE	PART II. Other algnificant condition	na contributino tr	death but not	resulting is	n the unde	riving cause	given in	Part I. 24s, WAS A	N AUTOPSY	24b	WERE AUTOPSY FINDINGS
S	THE STATE OF THE PROPERTY OF THE PARTY OF TH	vermenting to	and well mot	- Joseph III		.,g vause	g. 2401 H	PERFO	RMED?	- 200	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 YE\$	2 (X NO		OF DEATH?
											1 YES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH OF	ack oak oar'			
HYSICIAN: M	EXAMINER?	HOSPITAL:	O energy	a [] aa:	OTHER:						
148	1 U YES 2 NO	28a. DATE O	☐ ER/Outpatient F INJURY	28b, TIME	E OF 28	c. INJURY AT	rsesidence	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY O	CCURED	
Ω,	1 Natural 5 Pending	(Month,	Doy, Year)	INJ	URY	WORK?	□ NO		2000		
BY	2 Accident Investigation 3 Suicide 6 Could get be	28e. PLACE	OF INJURY — At h	ome, ferm, s				261. LOCATION (Stree	t and Numb	oer or Rural Ro	oute Number,
ED	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)					City or Town, Stati	B)		
W.	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, o	seath occurre	ed at the time	, date and pla	ce, and due	to the cause(a) and m	anner as si	tated.	· · · · · ·
COMPLET	CERTIFIEN 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Check only one 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										and manner as stated.
ŭ W											(Month, Day, Year)
0	(Ka Kus	nu	20529	1/	1.1)	D	20	108	•	3/	22/0/1
2	30. NAME AND ADDRESS OF PERSON W			7						1	111
	RAKESH ARORA, M		300 GIAN	T FOX	LN.,	BOWIE	E, MD	•			
	31. DATE FILED (Month, Day, Year)	32. REGISTE	RAR'S SIGNATURE	Prodelle	•						
	MAK 25'91	Gulia	Davidson-V	Prilares							
		0									DHMH-16 Rev 1/8



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner-funeral directors. The burner was a function of page 5 should be detached for use as the burner-funeral directors.	the med whilling them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF I) / DEPAR					MENTA	L HYGIEN REG. NO.		0 1		09029
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TII	ME OF DEATH
	BOYD	EONARD			TT	VIG0	2		MOM M		20.	199	h	3:07pM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra	lest hirthday)	IF UNDER		IF UNDER	R 24 HRS	+	OF BIRTH	203		_	(State or Foreign
		1.X M 2 F	78	YRS.	MONTHS	DAY8	HOURS	MIN.		th, Day, Year)		Count		(oldino or rororgii
	214-05-8878		70	ine.						.17.1				AND
	9e. FACILITY NAME (If not institution, give at	reet end number)			9b. CITY,	TOWN	R LOCATI	ION OF DE	EATH		9c. COU	NTY OF I	DEATH	
6	Memorial Hospi	ital			Cı	ımbe	erla	nd			A1	leg	any	7
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			1										NSIDE CITY
2	10a. STATE 10b. COUNTY			10c. CI1	Y, TOWN O	R LOCAI	ION						1	JMITS?
		EGANU			UMB:								12	YES 2 NO
4	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF	WHAT (COUNTRY?
FUNERAL	1504-A OLDTOWN	MANOR					2150	12			l u	I.S.	A.	
3	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S	. ARMED		WAS DEC	ENDENT	OF HISPAI		IN? (Specify Yes	or No-	14. RAC	E - Ar	nerican Indien,
	1 Never Married 2 X Merried		YES 2					en, Mexica Specil		Rican, etc.)		Spec	city:	e, etc.
B⊀	3 Widowed 4 Divorced													WHITE
유	15. DECEDENT'S EDUC		164	. DECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BU	SINESS/IN	DUSTRY		
ᆸ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	aunny mo	at or work	ing						
립	8			TEEL	WOR	KER			C	UMBERI	LAND	ST	EEL	_
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First,	Middle, Meiden	Surname)			
	CHARLES TWIGG						DA	17.51	1	(UNKN	OWN I			
BE	19e. INFORMANT'S NAME (Type/Print)			19h MAII INC	ADORESS	S /Street o		- 0		nber, City or Tow	,	n Code)		
2	The state of the s	WIGG											111	21502
	HELEN VENEAR T	w199	001 01	ACE AND DAT				MAN			CATION -			21502
	1 N Buriel 2 - Cremetion 3 - Reme	oval from State	of ceme	tary cremator	v or other p	lace)	,							are
	4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC	THOSE .	RES	TLAWN				DNS ESS OF FA		2-9/ 1	A VAI	LE,	MD	
	41 1.	1								H FUNI	ERAI	но	MF	P.A.
- 7	"Stendy ()	uchus	ch											21502
	23. PART I. Enter the diseases, or o												1	Approximete
	shock, or haart failure.	List only one ca	use on aach	iina.										Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	01,00		2	0	100	1	-	7	50			i	Ones, and Death
	resulting in death)	B. DIE W	OP AS A CO	DIOW (Chitis + Emphyseus									
		DOL N	7 (ON AS A CO	NOEOOENCE C	رم. ح	40	Cu	200	UUC				i	
CERTIFICATION	Sequentially list conditions,	b	OR AS A CO	NSEQUENCE C	MED:		_						- i	
F	If sny, leading to immediate csuse. Enter UNDERLYING	502 10	(011 A3 A 60	NOEOOENOE C	,								į	
5	CAUSE (Disease or injury	C. DUE TY	OR AS A CO	NCEOHENCE (NE).								- i	
Ë	that initiated eventa resulting in death) LAST	DOL IV	(On AS A CO	NOEO DENOE	erj.								j	
E		d											-	
2	PART II. Other significent condition	s contributing to	deeth but r	not resulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	24	b. WER	E AUTOPSY FINDINGS
-	incepital o	acqui	re D	DUE	un	mi	0.			PERFO				ABLE PRIOR TO PLETION DF CAUSE
		6		1						1 TYES	Z MILANO			EATH?
PHYSICIAN: MEDICA													1 📋	YES 2 NO
Z														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only	one)				
YS	1 TYES 2 YNO	1 Impatient 2			4 🗆 Nu	rsing Hor		Residance	-	her (Specify)				
H	27. MANNER OF DEATH	26e. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF		JURY AT ORK?		28d, D	ESCRIBE HOW	INJURY O	CCURED		
ВУ	1 Natural 6 Pending 2 Accident Investigation				M	1 🗌	YES 2	□ NO						
	3 Suicide 6 Could not be	26e. PLACE building	OF INJURY — .	At home, ferm,	atreet, fec	tory, offic	20		28f. LC	CATION (Street ty or Town, State	end Numbe	er or Runa	/ Floute	Number,
□ 4 Homicide determined													-	
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	of my knowledg	e, death occur	red at the	time, date	and plac	e, and du	e to the c	ause(e) and ma	nner as at	ated.		1771
ME	(Check only one) 2 MEDICAL EXAMINE												e(e) end	manner es stated.
8		_				,				,,				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	" Xaa		1 1 1	1			CENSE NU			29d, DA	-/		th, Day, Year)
0	viene	Sold		-	0		D 3	548	1			3/	21/	-(
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH	(ITEM 27) (Tyr)	n Print)								-	

Hospital, Cumberland, MD 21502

31. DATE FILED (Month, Day, Year)
MAR 2 2 1991 5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sagin

Mark

Dr.

Memorial

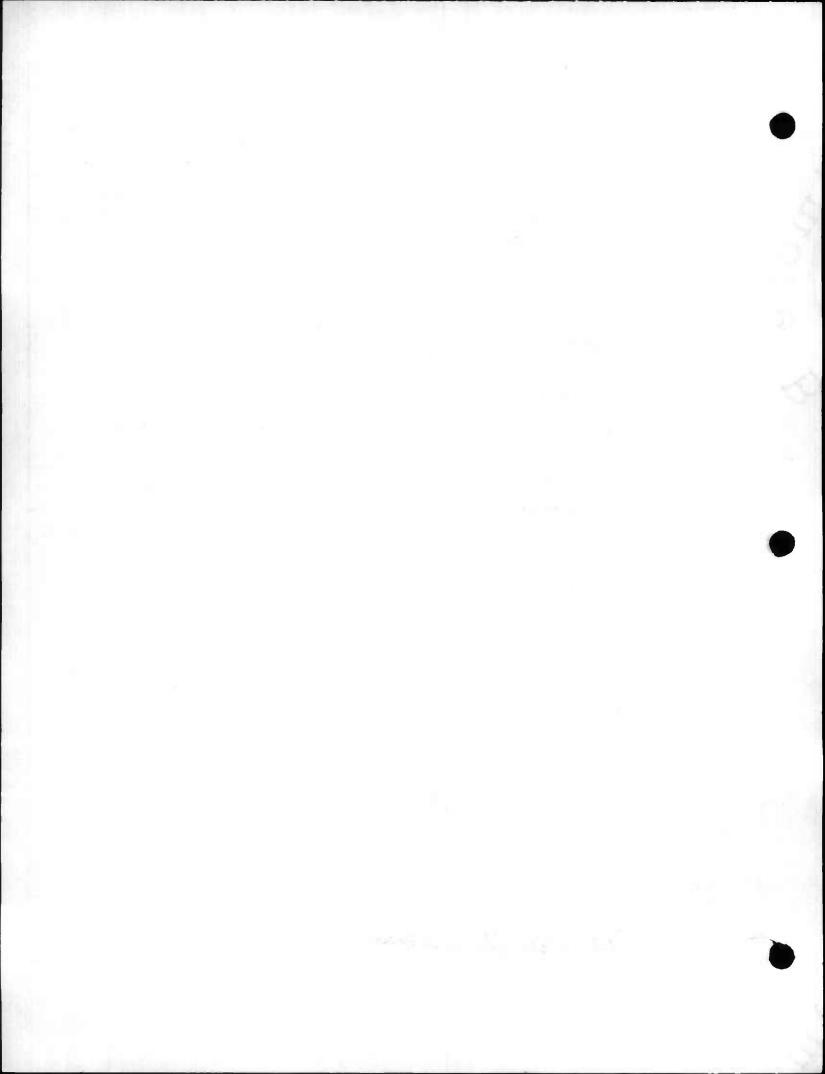
32. REGISTRAR'S SIGNATURE

a Davidson-Rondall

1, 1907 (1.114)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the control of the new form of the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1. 3. 3
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: it isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

. 1	FOR STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MENT	AL HYGIE		i U	9530	
	1. DECEDENT'S NAME (First,	Middle, Last)	ia Ta	nner	THUR	STON				MOI	re of DEATH	DAY 2, 19	YEAR 91	3. TIME OF DEATH 7:30a M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Inst b				t birthday)	IF UNDER	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) Jan. 6, 1923			a. BIRTHPLACE (State or Foreign Country) Georgia		
/	9e. FACILITY NAME (if not institution, give street end number)						, TOWN C	R LOCAT	ION OF D	EATH		9c. COL	9c. COUNTY OF DEATH		
e o	Frederick Memorial Hospital						rede	rick				Frederick			
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNTY Maryland Frederick					TY, TOWN						10d. INSIDE CITY LIMITS?			
	Maryland	rre	derick			Fred		. ZIP COE)E			10a CI	1 X YES 2 NO		
ERA	10s. STREET AND NUMBER 125 South Jefferson Street						100		701			-	U.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2000					1.7	If yes, sp	ecify Cub		en, Puer	GIN? (Specify) to Rican, etc.)	es or No-			
COMPLETED		EDENT'S EDU y highest grade 0-12)		+) (0	Sive kind of a. Do NOT (s usual of work done use retired.)	during mo		sing		16b. KIND OF B	USINESS/IN	IDUSTRY		
N N	17, FATHER'S NAME (First, M	liddin, Last)		1.	Olical	arer		16. MO	THER'S N	AME (First	st, Middle, Maid	n Surname)			
	William	Pula	skie T	anner,	Sr.			7.1	da		Mae	ŕ		orris	
BE	19a. INFORMANT'S NAME (Ditte 1				S (Street a			Route N	umber, City or T	own, State, 2		72230	
2	James M. Al:	len		F	Route	8,	Box	86,	Stat	esv	ille,	N.C.	2867	77	
_	20e. METHOD OF DISPOSIT		oval from State	20b. PLACE other of	lace)							OCATION -			
- 1	4 Donation 5 D Other	(Specify)		Rest	have	n Me		_				reder	ick,	Maryland	
	21. SIGNATURE OF PUMERA	L SERVICE LI	n Rober	aon) MO	0706	K	eene	y &	Basf Chur	ord	P.A.	Funer reder	al Ho	ome MD 21701	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	esrt fellure.	List only one ca	et ceused the duse on aach lin	a	w	the mo	ode of d	ying, su	ch es c	ardiac or res	piratory a	irreat,	Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially flet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d														
4: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the							PERFORMED? 1 YES 2 NO OF DEATH						WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMMELETION OF CAUSE OF DEATH? YES 2 NO	
SIA	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:					LACE OF	DEATH (C	Check on	ly one)				
PHYSICIAN:	1 YES 2 NO			☐ ER/Outpatient	3 🗆 DOA	OTHE 4 □ N		no 5 🗆	Residence	8 🗆 (Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28e. DATE C (Month,	F INJURY Day, Year)		IME OF NJURY M	W	JURY AT ORK? YES 2	□ №	28d.	DESCRIBE HO	W INJURY C	OCCURED		
		Could not be determined		OF INJURY — At I g, etc. (Specify)	nome, farm	n, street, fa	ctory, offi	Ce		281.	LOCATION (Stre City or Town, St	et end Numb	ber or Rural	Flourie Number,	
COMPLETED	(Check only		ER: On the basic of											(e) and menner as stated.	
TO BE	29b. SIGNATURE AND THE	Zel E	Halle	1/4	u			29c. L	CENSE N	UMBER	D2216	29d. D	ATE SIGNE	D (Month, Day, Year)	
	30. NAME AND ADPRESS (PERSON W	32. REGIST	LUSE OF DEATH (IT			Та	ney	Ave	enu	e, Fr	eder	ick,	MD 21702	
	M/	AR 25	1991 9	dia Durdo	n-Non	nous-									



TO BE COMPLETED BY FUNERAL DIRECTOR

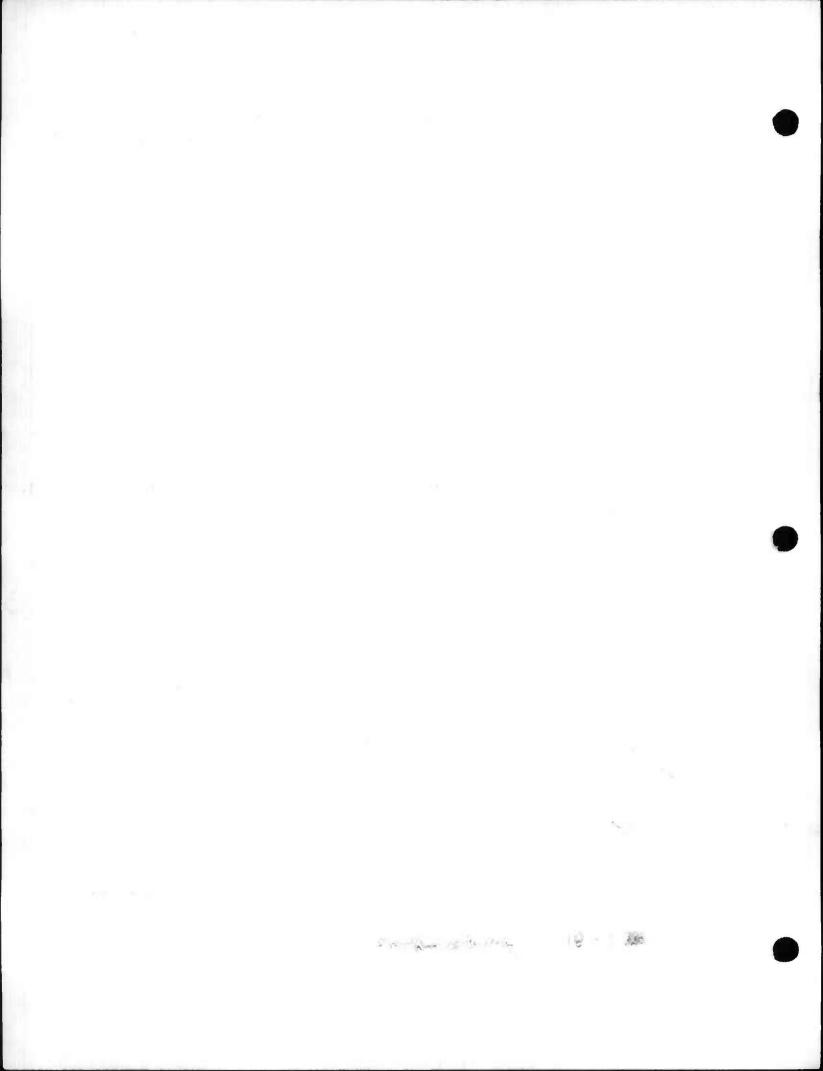
								3. TIME OF DEATH					
1	BEATRICE L. TAYL					L				03 06 9			3:10 P M
. 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthdey)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)	
١ ١	212-14-4730	1 🗌 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	04-1	9-14			vland
/	9a. FACILITY NAME (If not institution, give s		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						2			
E	90 Somers Cove A		Crisfield Somerse					set					
5	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT					-						
2	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
۵	MD Some		C)	rısi	ield			1 💢 YES 2 [1 X YES 2 NO		
FUNERAL DIRECTOR	10e. STREET AND NUMBER	10f, ZIP CODE				10g, CITIZEN OF WHAT							
EB	90 Somers Cove		21817							US!	\		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N If yea, specify Cuben, Mexican, Puerto Rican, etc.)					or No-	14. RACE	- American Indian, c, White, etc.						
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	WAR OR DATES		1 YES 2 NO Specify:				cert, etc.)	Specify: White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retire). 16b. KIND OF BUSINESS/INDUSTRY													
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)							Healt	h Tne	4 4 4 4 4	ition
M	Grade 8		Ho	ousek	ceep:	ing				neart	n Ins	SLLL	ICION
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT			iddle, Maiden	Sumame)		
BE (William T. Wi	Lson						Addi	Le Di	ze			
10	19a. INFORMANT'S NAME (Type/Print)									or, City or Tow			VD 04045
-	Ronnie P. Ste												
	20a, METHOD OF DISPOSITION 03-09-91 1 A Burial 2 Cremetion 3 Removal from State 4 Donetion 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) ASDUTY Cemetery 20c. LOCATION - City or Tow other place) Crisfield, I												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
Rahuld Bred Gen Bradshaw & Sons Funeral Home Crisfield, MD 21817													
shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel						Approximate interval Between Onset and Peath							
	disease or condition resulting in death)	DUE T	O (OF AS A CONSE	OUENCE O	Ma	{	4 M	7					Monly
Z	Sequentially list conditions, Die To OR AS A CONSEQUENCE OF												
MEDICAL CERTIFICATION	if eny, leeding to immediate	DUE TO	OR AS A CONSEC	DUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C		01151105 0	_								
	that initiated events reaulting in death) LAST	DOE I	O (OR AS A CONSE	DUENCE O	F):								
5		d											
ايا	PART II. Other eignificent condition	ne contributing t	o deeth but not r	resulting	in the u	nderlyi	ng cause	given in	Part I.	24a. WAS AN		241	. WERE AUTOPSY FINDINGS
2										PERFOR	-		AVAILABLE PRIOR TO COMPLETION DF CAUSE
									_	1 120			OF DEATH? 1 YES 2 NO
-									- 1				
A	25. WAS CASE REFERRED TO MEDICAL					26 1	ACE OF I	DEATH (Ch	eck only on	al .			
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3	□ DOA	OTHE	R:		4	8 🗆 Other				
4	27, MANNER OF DEATH	28a. DATE C		28b. TIN			JURY AT	Baldence		CRIBE HOW	NJURY OC	CURED	-
	1 Natural 8 Pending	(Month,	Day, Year)	IN.	JURY	W	ORK? YES 2	□ NO					
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At he	ome, ferm.	street, to				281, LOC/	ATION (Street	and Number	r or Rumi	Route Number,
TED	3 Suicide 8 Could not be 4 Homicide determined	buildin	g, etc. (Specify)							or Town, State			
COMPLETED	enel comp		of my knowledge, de examination and/or										a) and manner as stated.
BE C	206. SIGNATURE AND TITLE OF CERTIFIE	A A	Barl	Lan	/		29c. LIC	CENSE NUM	MBER LL		29d. DAT	Z /	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WI	HO COMPLETED CA			<u> </u>		1,	16	3/			9/	47
	Madhav D. Barhan, M.D MD Route 413 - Maryland Ave., ExtCrisfield, MD 21817												

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BALTIMORE, MARYLAND 21203-3146

STATE	0F	MARYLAND	/ DEPA	RTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTI	FICATE	OF	DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI REG. NO		U	3002
,	1. DECEDENT'S NAME (First, Middle, Last)	adeline	Thoma	25		2. DATE OF DEATH	PAY/ ξ	aR 3. TH	7 2 P M
	4. SOCIAL SECURITY NUMBER 057-10-3637	1 □ M 2 □XF 7	_	IF UNDER 24 HRS. HOURS MIN.		911	Country) N	ew York	
TOH	9a. FACILITY NAME (If not institution, give street and number) Manokin Manor Nursing Home Princess Anne, Md. Somerset RESIDENCE OF DECEDENT								
DIRECTOR	Md. Some		West	own or Locat	ION			1 🗆	INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	Rt.1 Box 159C	12. WAS DECEDENT EVER II		21871 U					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:				Black, While Specify: hite	nericen Indien, e, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Secret	k done during most of working stired.)			usiness/industry			
	12 Grade 17. FATHER'S NAME (First, Middle, Lest) Not Known		200200	<u>1</u>	18. MOTHER'S NAI	ME (First, Middle, Meide	n Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mike Thomas				nd Number or Rural F	Houte Number, City or To tover, N		1,6	
	20e. METHOD OF DISPOSITION (Name of cemetory, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetory, cremetory or other place) 20c. LOCATION — City or Town, so other place) Sunnyridge Cemetery Crisfield, M.								
	21. SIGNATURE OF FUNETAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Funeral Home, Crisf							risf	ield, Mo
	23. PART I. Enter the diseases, or cahock, or heert feiture. IIMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on e	ech line.			h aa cardiac or res	piratory arres		Approximate interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LY A DUE TO (OR AS A CONSEQUENCE OF): LY A DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death b	out not resulting in t	he underlyin	g ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WHO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 7740	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	2 204	THER:	ACE OF DEATH (Ch				
ву рнуз	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	26c. IN.	URY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED	
	2 Accident revestigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route City or Town, State)							Rural Route i	Number,
COMPLETED	and any					e, end due to the cause(e) end manner ee stated. ured at the time, date end place, end due to the ceuse(e) end manner			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	well no			29c. LICENSE NUI	-	29d. DATE 9	IGNED (Mor	th, Day, Year)
Ė	30. NAME AND ADDRESS OF PERSON WH		M msh.	m M m	r, ra	nces ans	y Mo		
	31. DATE FILED NOR Day Year) 91	32. REGISTRAR'S SIG	NATURE AND	L			1		



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ATTE	6	afte	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
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H	王	- Fe	5
F	12	2	=

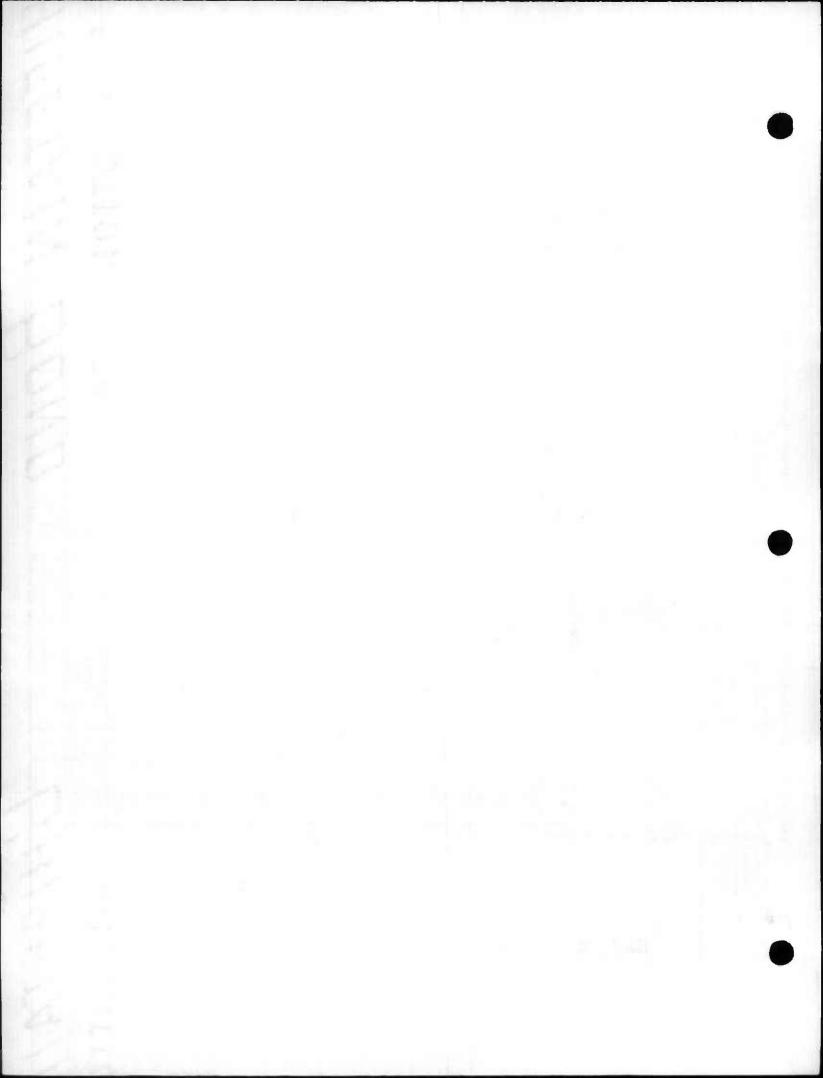
	1 - FOR STATE REGISTRAR	OF MARYLAND / I		MENT OF H		MEN	REG. NO.	9		09533
	1. DECEDENT'S NAME (First, Middle, Last) SUS	E.		(THOMA	is) 145	2, [DATE OF DEATH	18.19	YEAR	3. TIME OF DEATH
1)	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last i		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	1 (1	ATE OF BIRTH Month, Day, Year)	<u> </u>	Country,	
1	9a. FACILITY NAME (if not institution, give street and num	7.	YRS.	9b. CITY, TOWN O	D. I. O.CATIONI OF F	_	3-22-14	9c. COUNT		ginia
2	PENINSULA GENERAL HOSP				ISBURY	EAIH			OMI	
	RESIDENCE OF DECEDENT	IIAL						WIC	OHI	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI					- 1	10d. INSIDE CITY LIMITS?
	Maryland Somers	20		Crist	ZIP CODE		T	40 - OITITE		1 X YES 2 NO
RA	165 Somers Cove Apts.			101.	218	317		-	S.A	
FUNERAL	11. MARITAL STATUS 12. WAS DE	CEDENT EVER IN U.S. ARM	ED		NDENT OF HISPA	NIC O	RIGIN? (Specify Yea		4. RACE	American Indian
BY F	1 Never Married 2 Married FORCE 3 Widowed 4 Divorced	37 1 YES 2 NO GIVE WAR OR DATES			city Cuban, Maxic 2 XNO Spec		arto Rican, atc.)		Black, Specify	White, etc.
		Two				_				White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(G/M		SUAL OCCUPATIO ork done during mos retired.)			166, KIND OF BUS	INESS/INDU	STRY	
<u>F</u>	Elementary/Secondary (0-12) College (1		sewi	fe						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Malden S	Surname)		
BE	Octavious Williams						Johnson			
2	198. INFORMANT'S NAME (Type/Print) Marge Crockett	19b.		ane Lane			Number, City or Town		Code)	
		20h PLACE O		TION (Name of cent		_		21817 PATION — CI	tu or Tou	un State
	20a. METHOD OF DISPOSITION 03-20-91 1 St Burial 2 Cremation 3 Hamoval from S 4 Donation 8 Other (Specify)	other place	(e)	netery	orang, cramatory or			isfie		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		1	22. NAME AN	D ADDRESS OF F		Υ			PID
	· Voluty Des	Allan A					Funeral - Crisf			21817
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only of	ns that caused be dea	th. Do no							Approximate
						45				Interval Between Onset and Death
	resulting in death)	CLID DULW DUE TO (OR AS A CONSCOR	UP LO	ny i	vuo	1				
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If sny, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury									
듣	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	JENCE OF)	:						
18	d							1		
CAL	PART II, Other significant conditions contribu	ting to death but not re	sulting in	the underlying	cause givan i	n Part	I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음	Fractile Hip.	CHRONIL	OBS	TRUCT	VB	7.75				COMPLETION OF CAUSE OF DEATH?
MEDIC	PULLIUNGEY 1715	ortso, Co	01201	UMPY	VASCU					1 YES 2 NO
Z	USACHSO.								1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT 1 VES 2 NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			OTHER:	ACE OF DEATH (C					
HYS	27 MANNED OF DEATH 200 C	ATE OF INJURY	28b. TIME	4 Nursing Hom OF 28c, INJ	URY AT		Other (Specify) I. DESCRIBE HOW II	NJURY OCCI	JRED	
		North, Day, Year)	? INJU	M 1 1	RK?	F	T FELL	_		
D BY	3 Suicide 28e. F	LACE OF INJURY — A1 hori utiding, atc. (Specify)	ne, farm, st	reet, factory, office)	281	LOCATION (Street a City or Town, State)	and Number o	or Rural R	oute Number,
H	4 Homicide determined	AP OUTS	DE	Home			ony or rown, oraco,			
COMPLETED	29a. CERTIFIER (Check only one)									
Ö	2 MEDICAL EXAMINER: On the be	sis of examination and/or in	rvestigation	i, in my opinion, d	eath occured at th	e 1ime	, data and place, an	d due to the	cause(a)	and manner as stated.
TO BE (296. A GHATURE AND TITLE OF CERTIFIER N	W)			D381		8	29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITEM	27) (Type	Print)	W					
	31. DATE FILED (Morith, Day, Year) MAR 21 '91	GISTRAR'S SIGNATURE	Dand	wer.						

PERMIT

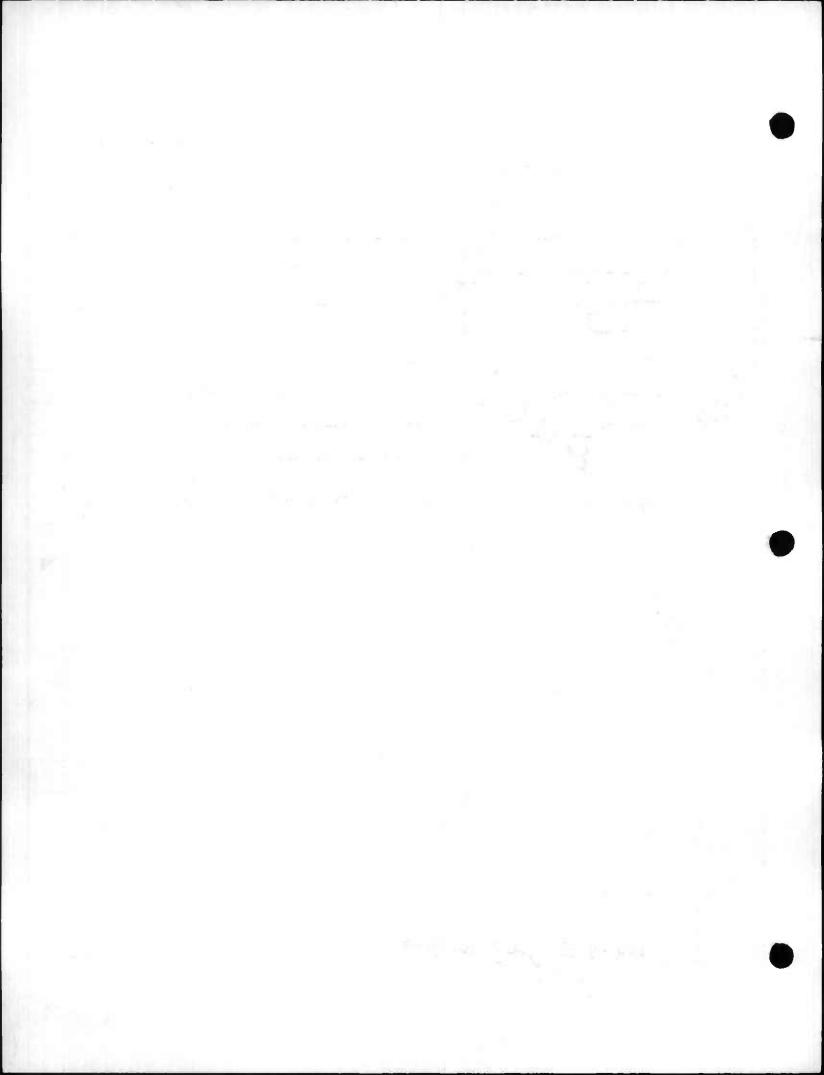
46	physicia	burial-tr
BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physicia	In by the funeral director, page 5 should be detached for use as the burial-tr
AND 2	the hospital	e detached fo
MARYL	retained by	5 should by
MORE,	де 6 тау бе	lirector, page
BALTIN	ter death. Pa	the funeral of
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13146,	
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ADS, F	
RECORDS, F	
OF VITAL	
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DIVISION	
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10.1	1. DECEDENT'S NAME (First, Middle, Las	st)							2. DATE (OF DEATH	DAY	YEAR	3. TIME OF D	EATH
Ш	JULIUS	HENRY		COLTON					MARC	H 21		91	9:45	
	4. SOCIAL SECURITY NUMBER	6. SEX	11136	s. lest birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE ((Month,	Day, Year)	1017	Countr	IPLACE (State of STATE OF STAT	
-1	539-03-3950 9a. FACILITY NAME (If not institution, given	1 21	73	1110.	9b. CITY	, TOWN (OR LOCATION	ON OF DE		10,		WAS		IN
ECTOR	SUBURBAN I	BET	THESD	A			МО	NTGO	MERY					
DIREC	10a. STATE 10b. COU	NTY		10e. CIT	Y, TOWN								10d. INSIDE (
	MARYLAND 100. STREET AND NUMBER	MONTGOMER	XY.		KENS		LUN	E	10g. CITIZEN O			ZEN OF V	1 YES 2	_
ERAL	5009 AURORA	DRIVE						2089	5		U	USA		
BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	2 NO If yes, specify Cuban, Maxica ES 1 YES 2 NO Specifi			n, Maxica	can, Puarto Rican, etc.) Bis			14. RACI Black Speci	E — American k, White, etc. #y: WHIT!		
	15. DECEDENT'S E (Specify only highest gr			a. DECEDENT'S (Give kind of	work done			ng	16b.	KIND OF B	USINESS/INC	DUSTRY		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5		SENIOR		JOMT	СT			COVEI	RNMENT	7		
COMP	17. FATHER'S NAME (First, Middle, Last)			DENTOR	LOO	TOTTE	•	HER'S NA	_		n Surname)			-
BE C	GEORGE ALBERT	TOLTON			_		MAI					BELI	L	
2	19a. INFORMANT'S NAME (Type/Print)	MOT MOST (IT DEN			-					wn, State, Zip		2089	
	ELIZABETH KELLY 20a. METHOD OF DISPOSITION		VIFE)	5009 A					NSTING		MAKYI OCATION —			_
	1 Donation 6 Other (Specify)	lemoval from State	ott	rer place) TE OF	-					177.5			NG, MA	ξY
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL										ERAT.	INC		
	KO FERT I	Paclare	,								.,SII			20
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OF):	1		V				-		_			
E	resulting in deeth) LAST	a art	NOS	elect	10 6	las	ta	ese	ase				ye	n
77	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PRES 2 M NO 24a. WAS AN AUTOPSY PERFORMED? 1 — YES 2 M NO							248	MERE AUTOP MAILABLE PI COMPLETION OF DEATH?	OF I				
MEDICAL	Prost								_				1 TYES 2	
MEDICAL	25. WAS CASE REFERRED TO MEDICAL						LACE OF E	DEATH (Ch	nck only on	9)			1 TYES 2	
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ER/Outpetle			R: rsing Hor	ne 5 🗆 A						1 □ YES 2	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	□ ER/Outpetle	26b. TII	4 🗆 Nu	Ft: raing Hor 26c. IN. W	ne 5 🗆 R JURY AT ORK?	esidence	6 Other	(Specify)	V INJURY OC	CURED	1 TYES 2	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation in the second in the second investigation in the second in	HOSPITAL: TX inpution 2 28a. DATE 0 (Month, on 28a. PLACE building	□ ER/Outpatie F INJURY Day, Year)	26b. Till IN	4 - Nu ME OF JURY M	R: rsing Hor 26c. IN. W	JURY AT ORK? YES 2 [esidence	6 Other 28d, DES 28f, LOC	(Specify)	et and Numbe		1 YES 2	_
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigate 2 Accident Investigate 3 Sulcide 6 Could not determined 29a. CERTIFIER (Check only	HOSPITAL: 10 inpetient 2 26a. DATE O (Month, on 28e. PLACE building d HYSICIAN: To the best of	□ ER/Outpetts F INJURY Day, Year) OF INJURY — OF INJURY — i, etc. (Specify)	At home, farm,	4 Numer Nume	R: rsing Hor 26c. IN. W 1 story, office	JURY AT DRK? YES 2 [ce	NO NO	6 Other 28d. DES 28f. LOC. City: to the cau	(Specify) CRIBE HOV ATION (Street Town, Steet	et and Number te)	r or Rural rted. the cause(Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigati 3 Suicide 6 Could not 4 Homicide 6 29s. CERTIFIER (Check only One) 2 MEDICAL EXAR 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: TO Impatient 2 26a. DATE O (Month, on 28a. PLACE building d HYSICIAN: To the best of BITHER WITHOUTH	ER/Outpetie FINJURY Doy, Year) OF INJURY , etc. (Specify) of my knowled, examination at	At home, ferm,	4 Numer of N	R: rsing Hor 26c. IN W 1 ttory, office time, data opinion,	DURY AT DURK? YES 2 [ce	NO N	6 Other 28d, DES 28f, LOC. City to the cautime, data	(Specify) CRIBE HOV ATION (Street Town, Steet	et and Number te)	r or Rural rted. the cause(Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigate 3 Sukcide 6 Could not 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF MEDICAL EXA	HOSPITAL: TO Impatient 2 26a. DATE O (Month, on 28a. PLACE building d HYSICIAN: To the best of BITHER WITHOUTH	ER/Outpetie FINJURY Doy, Year) OF INJURY , etc. (Specify) of my knowled, examination at	At home, ferm,	4 Numer of N	R: rsing Hor 26c. IN W 1 ttory, office time, data opinion,	JURY AT DRK? YES 2 [ce	NO N	6 Other 28d, DES 28f, LOC. City to the cautime, data	(Specify) CRIBE HOV ATION (Street Town, Steet	et and Number te)	r or Rural rted. the cause(Route Number,	bar



	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN	E 9	09535	
3	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH	
,	Tda R. Upsbur					03 25			
		SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	IRTHPLACE (State or Foreign	
	199-03-7521		RO YRS.	ONTHS DAYS		04-30-10			
_	9e, FACILITY NAME (If not institution, give stree	t and number)			R LOCATION OF DE		9c. COUNTY	OF DEATH	
DIRECTOR	Solomons Nursing Center Prince Frederic						Calver	t	
ည္က	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON		10d. INSIDE CITY		
ā	Maryland Calv	vert	Pri	nce Fre	derick		1 TES 2 NO		
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	420 West Dares 1	Beach Road			20678		US.	A	
5		2. WAS DECEDENT EVER IF FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.	
I Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, V Specify:						Specify: Black			
							DV		
COMPLETED	(Specify only highest grade co		(Give kind of wo	rk done durina mo	t of working	los rano or oor	JIIVEGG71110001		
ᆲ	0-12	College (1-4 or 5+)	Nurse						
8	17. FATHER'S NAME (First, Middle, Last)	114			18. MOTHER'S NAI	ME (First, Middle, Meiden	Surname)	- 1	
	Robert Ray, Sr.				Mary	L. Freela	nd		
BE	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
2	Angela Jones	V	115	Main St	reet Da	ely,Pennsy	lvania	19023	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remove	al from State	other place)			20e. LO	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)	L	ee Funera				С	linton, Md	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		. A	22. NAME AF	D ADDRESS OF FA		Dares	Beach Rd.	
	* Spencer E.	Same	<u>e</u> e	Sewell	Funeral			derick, Md	
	23. PART I. Enter the diseases, or conshock, or heart fellure. Life immediate Cause (Fine) disease or condition	et only one ceuse on e	each line.		, .			interval Between Onset end Deeth	
	disease or condition resulting in death) • METASTATIC CERVICAL CARCINGAR DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:					
	d.			-					
DICAL	PART II. Other significant conditions	contributing to death i	but not resulting in	the Underlyin	g cause given in	Part i. 24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICA					_			1 YES 2 NO	
ä									
CIA		HOSPITAL:	- 1	26. P	ACE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 NO	I ☐ Inpatient 2 ☐ ER/Out	patient 3 DOA	Hursing Hon		6 Other (Specify)	161 H 1814 A	50	
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morth, Day, Year)	26b. TIME INJU	RY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st icify)	reet, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or i	Purel Route Number,	
COMPLETED	[Oliver of the	AN: To the best of my know						ause(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI			GNED (Month, Day, Year)	
TO BE	30, NAME AND ADDRESS OF PERSON WHO	legala)	D-2-44	02	6358	>3/	29/91	
	JOHN	32 REGISTRAR'S SIGN		40 -	BUR	263-0	PR	DECICKAD 2067	
- 77	31. DATE FILED (Month, Day, Year) $APR - 2 1991$	32 REGISTRAR'S SIG	NATURE				EN	DERICK M	



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGIST
1	DECEDENT
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4	. SOCIAL SE
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9	a, FACILITY
	once
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1	Oa. STATE
1	DARY On STREET
1	Oa. STREET
	370
1	1. MARITAL S
1	Never M
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	Elementary

TO BE COMPLETED BY FUNERAL DIRECTOR

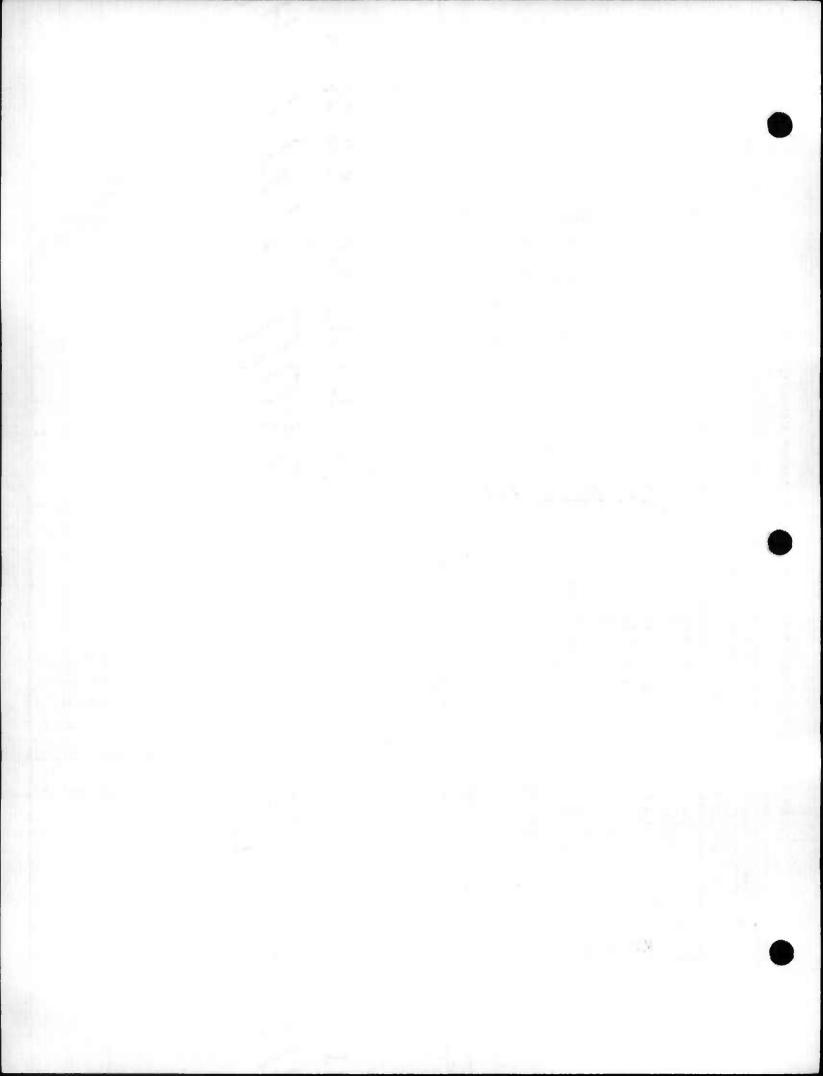
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE	OF OEATH	YEAR	3. TIME OF OEATH	
JEAL Y, HAZEL VIRGINI 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In ure last highly last				MONT 3		- 1991	725 PM	
168-14-3644			FUNDER 1 YEAR IF UNDER 24 HRS	(Mont	OF BIRTH h, Day, Year) 3-19/	Coun	HPLACE (State or Foreign try) ARYLAND	
9a. FACILITY NAME (If not institution, give st			b. CITY, TOWN OR LOCATION OF	DEATH	90	COUNTY OF	OEATH	
GREENWOOD ACR	es Nursing	HOME	BALTIMORE	F		N/	A	
10a, STATE 10b, COUNTY		10c, CITY, 1	OWN OR LOCATION				10d. INSIDE CITY	
MARYLAND	V/A	BA	LTIMORE				LIMITS?	
10s. STREET AND NUMBER			101. ZIP COOE		10	g. CITIZEN OF	WHAT COUNTRY?	
3706 NORTON	1 A ROAD		21216	,		U.S.	A.	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO			13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex	N? (Specify Yes or I Ricen, etc.)	Blac	CE — Americen Indian, ck, White, etc.		
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES 2 THO Spi	clfy:		Spo	UKASIAN	
15, OECEDENT'S EDUC (Specify only highest grade		16a. OECEDENT'S US	UAL OCCUPATION	168	. KINO OF BUSINE		7107770	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r				_		
75		Homen	TAKER		DOME.	577C	-	
17. FATHER'S NAME (First, Middle, Last)	2-1/1-2				Middle, Maiden Surr	,		
LUTHER C. CON	ENHAVER				BRO			
19a. INFORMANT'S NAME (Type/Print)	./		DORESS (Street and Number or Rus				21787	
IRENE E. CLI			RANCIS SCOTI			ANEYT		
1 Burial 2 Cremation 3 Remo	nual from State	other place)						
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		THERAN CE	FACILITY	136 E	= BAL	TIM ORE ST.	
1. Cevin	Judy		SKILESF					
23. PART 1. Enter the diseases, or of	emplications that coused List only one cause on a	the death. Do not	anter the mode of dying, s	uch aa car	diac or respirate	ory arrest,	Approximate Interval Between	
IMMEDIATE CAUSE (Finel			. 0	_	/		Onset and Death	
disease or condition resulting in death)	Respural	on jeul	ule & ASI	rud	lon			
	DUE TO (OR AS A	CONSEQUENCE OF):						
Sequentially list conditions,	b	20110501171105 07						
if eny, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSEQUENCE OF):						
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
resulting in death) LAST	d.							
PART II. Other eignificant condition	e contribution to death b	ut not resulting in	the underlying cause glass	in Dert i	24a. WAS AN AUT	maey I a	b. WERE AUTOPSY FINDINGS	
	at not reading in	no. Idealing in the unitaritying cause given in Fa			07	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
						Mo	OF DEATH?	
				_		- 1	1 TES TO NO	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only a	ne)			
EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Outp		OTHER:					
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJURY AT		SCRIBE HOW INJU	RY OCCURED		
1. Natural 5 Pending 2 Accident Investigation (Month, Day, Year)								
3 Suicide & Could not be	et, factory, office	office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
4 Homicide determined	building, etc. (Spec			City	or lown, State)			
anni			at the time, date and place, and on my opinion, death occured at					
29b. SIGNATURE AND TITLE OF CERTIFIE	1//	well	D391	27	1	A. DATE BIGHE	26/01	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P.	rint)			. /	1"	
HLKH IA	HMED M.	D. 26	UO LIBERTY	HE	16HTS	AVE	21215	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
MAR 2 8 '91	1. 7.	20						
		A PORTO					OHMH-18 Rev 1/81	

man of the state of the state of

ION OF VITAL RECORDS, T.O. BOA 13146, BALLIMONE, MANILAND 21203-3146	NOING PHYSICIAN: The law requires that the death certificate be executed within a riours after death. Page 6 may be retained by the hospital or attending physician.	4. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	· · · · · · · · · · · · · · · · · · ·
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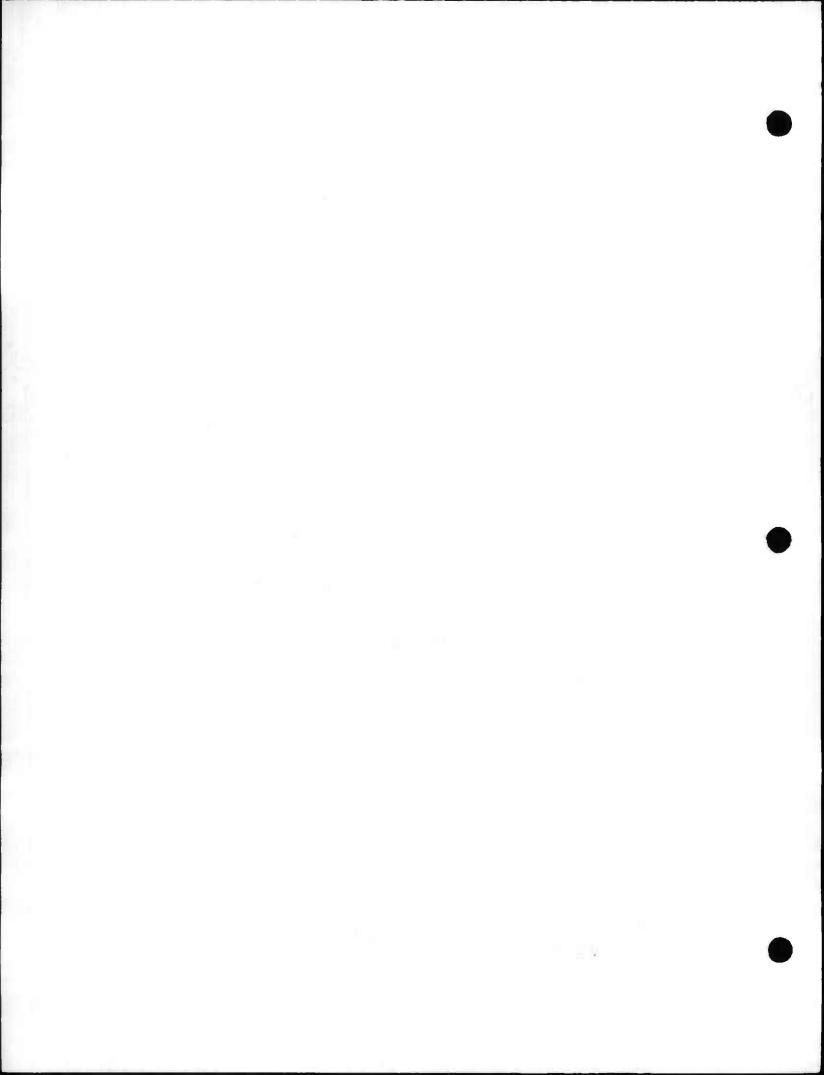
	1. DECEDENT'S NAME (First, Middle, Last,	MARY	E.	WOLL	_AM		DEATH	2. DATE OF OEATH MONTH March 2	DAY 1 19	YEAR 91	TIME OF DEATH
	4. SOCIAL BECURITY NUMBER	5. SEX	6. AGE (In yrs. In	al birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH			CE (State or Foreign
	220-60-6992	1 🗌 M 2XXF	71	YRS.	MONTHS	DAYS	HOURS MIN.		1920	Virg.	inia
OR	9a. FACILITY NAME (If not institution, give 8811 Colesville		24				Spring	EATH		tgome:	
DIRECTOR	10a. BTATE 10b. COUN Maryland Mont	gomery			v, town o		-				I. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 8811 Colesville		24	1		-	20910		ted S	COUNTRY?	
BY PUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED	YT EVER IN U.S. AI I YES 2 X WAR OR DATES		1	f yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		American Indian, hite, etc.	
EIED	15. DECEDENT'S ED (Specify only highest grad	le completed)	(0	ECEDENT'S Sive kind of v a. Do NOT us	work done o	CUPATION TO THE	ON ast of working	16b, KIND OF BI	USINESS/IND	USTRY	200
- 1	Elementary/Secondary (0-12)	Coffege (1-4 or 5		idget	Anal	ysi	s	Dept of	Agriculture		
COMP	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Maide			
BE	Frederick D. 19a. INFORMANT'S NAME (Typo/Print)	Davi		NAD INC	ADDDEES	/Dim at	Jessie	P. Route Number, City or To		ice	
٩	Julie Gingrich	(daughte:						urel, MD	20707		
	20a. METHOD OF DISPOSITION 1 General 2 Comment of General of Gene										
	4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Subt	iroan	22.	NAME A	ND ADDRESS OF F	CILITY		Sprin	g, MD
	Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD 20910										
FICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
TIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. OUE TO	O (OR AS A CONSE	QUENCE O	F): F):						1290
MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO C. DUE TO d	O (OR AS A CONSE	EQUENCE O	F): F):	nderlyin	g cause given in		N AUTOPSY ORMED? 2 (X NO	CO OF	RE AUTOPSY FINE ULABLE PRIOR TO MPLETION OF CAL DEATH?
AN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions of the condition	DUE TO OUE TO OUE TO DUE TO HOSPITAL:	O (OR AS A CONSE	EQUENCE O	F): F): In the un	26. P	LACE OF DEATH (C	PERFO	ORMED?	CO OF	RE AUTOPSY FIND ULABLE PRIOR TO WRIETTON OF CAU DEATH?
PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions of the condition	DUE TO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O death but not	EQUENCE O	F): F): In the un OTHER	26. PR: sing Hor 28c. IN.	LACE OF DEATH (C	PERFO	ORMED? 2 □X NO	00 0F 1 (/ C gv	
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions of the condition	DUE TO O (OR AS A CONSE	EQUENCE O	OTHER	26. PR: sing Hor 28c. IN. W1	LACE OF DEATH (C	PERFO 1 YES	ORMED? 2 [X] NO V INJURY OCCURATE AND Number	CO OF	RE AUTOPSY FINE ULABLE PRIOR TO MPLETION OF CAL DEATH? YES 2 NO	
ETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions and the conditions of the conditio	DUE TO O (OR AS A CONSE	EQUENCE O EQUENCE O resulting 20b. Till IN.	F): F): In the un OTHES 4 \sum Num E OF JURY M street, fect	26. PR: sing Hor 28c. IN. Wit 1 Ditory, official time, data	LACE OF DEATH (C	PERFO 1 YES 1 YES 6 Other (Specify) 28d, DESCRIBE HOW	ORMED? 2 NO FINJURY OCC it and Number hanner as stat	OURED Or Rural Route	RE AUTOPSY FIND ULABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO	
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions and the conditions of the conditio	DUE TO O (OR AS A CONSE	TOWESTIGATE TOWES	OTHER 4 Nun E OF JURY M street, fect	26. PR: sing Hor 28c. IN. Wit 1 Ditory, official time, data	LACE OF DEATH (C	PERFO 1 YES 1 YES 5 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Nown, Stell e to the cause(a) and or e time, date and place,	ORMED? 2 NO VINJURY OCC It and Number to anner as state and due to the	OURED or Rural Route ed. e cause(s) an	RE AUTOPSY FIND RE AUTOPSY FIND REAUTOPSY FI	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions and investigations are caused by the conditions are caused by the conditions are caused by the caused	DUE TO O (OR AS A CONSE	TOWESTIGATE TOWES	F): F): In the un OTHEF 4 Nun E OF JURY M street, fect	26. PR: sing Hor 28c. IN. with the state of	LACE OF DEATH (C	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Rown, State) e to the cause(a) and or e time, date and place, MBER	PINJURY OCC	OF Rural Route or Rural Route ed. e cause(s) an	PRE AUTOPSY FINING TO ANY PARTY OF CAN DEATH? VES 2 NO Number, Manufacture as state of the control of the co	



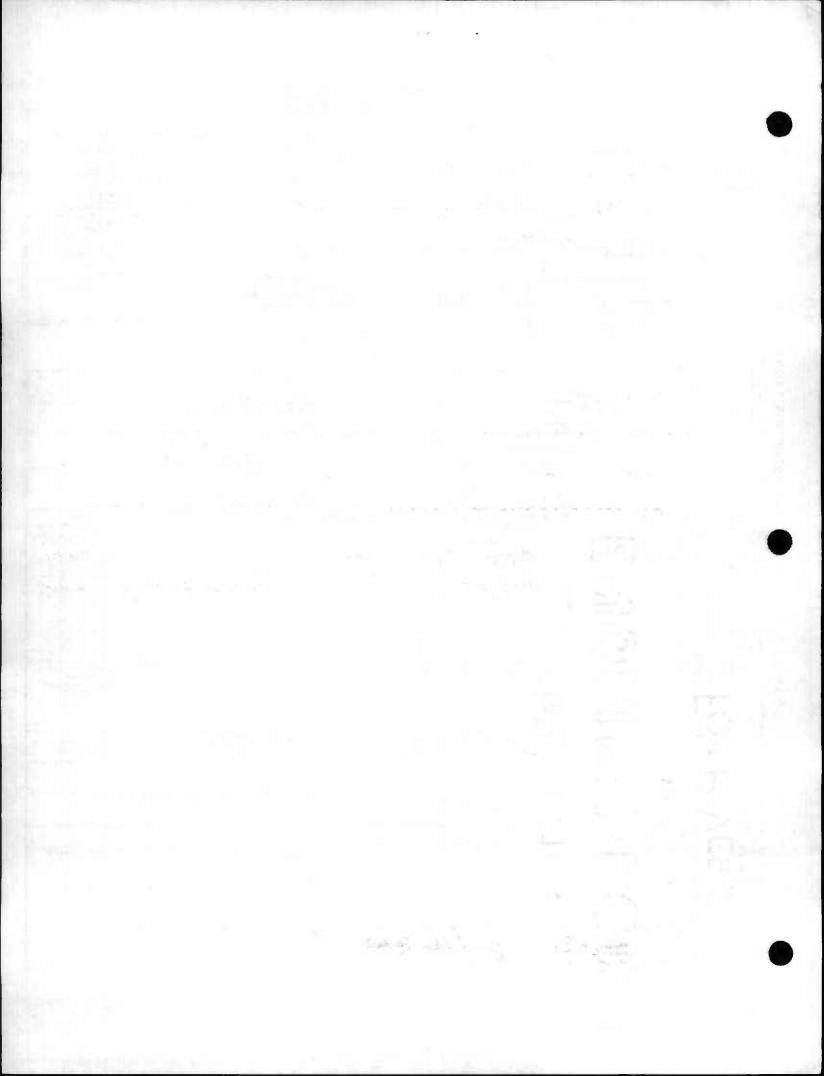
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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X

- STATE REGISTRAR	SIAIE OF MANIE	CERTIFIC		F DEATH	REG				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH	
ROSALEE	MARIE	Wa	rd		Mara 2	3.1991	TEAR	0609 M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEA		7. DATE OF BIRT (Month, Day, Ye		8. BIRTH Countr	IPLACE (State or Foreign	
220-32-9511	1 M 2 F	72 YRS.	ONTHS DAY	8 HOURS MIN.	10-13-			ryland	
9s. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOW	N OR LOCATION OF DE			NTY OF D	EATH	
PENINSULA GENERAL	HOSPITAL		S	SALISBURY		W	I COM	ICO	
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?	
Maryland Some	rset		Cris	field				1X YES 2 □ NO	
100. STREET AND NUMBER 11 Walnut	Street	******		101. ZIP CODE 21817		10g. CIT	USZ	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)						
15. DECEDENT'S EDUCA' (Specify only highest grade co	TION (mpleted)	16a. DECEDENT'S US	NAL OCCUP	ATION most of working	18b. KIND C	F BUSINESS/IN	DUSTRY		
	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	retired.)	Those of working					
10 Years		Homem	aker						
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, N				
John S. Elli	ott			Eliz	abeth N	Marie	Holo	den	
19a. INFORMANT'S NAME (Type/Print)			and the second	et and Number or Rural					
J. Casey Jones		2859	Mont	clair Av				Va. 23325	
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	al Irom Stata	other place)		cemetery, crematory or		oc. LOCATION -	- City or To	own, Stata	
4 Donation 5 D Other (Specify)		orcheste		morial P		Cambri	dge	, Maryland	
21. SIGNATURE OF INERAL SERVICE MCENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge, Md. 21613									
23. PART I Enter the diseases, or co	molications that cause	the death Do no						MQ • Z1513	
ahock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death) a.	at only one cause on a	ach lina.		wel				Interval Batween Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CO	A CONSEQUENCE OF):		whore	R				
PART ii. Other significant conditions	contributing to death t	out not resulting in	the under	ying csuse given in	P	AS AN AUTOPSY ERFORMED? YES 2 1 NO	248	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
Maente	a in				_			OF DEATH? 1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			21	8. PLACE OF DEATH (C/	heck only one)				
	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER:	Home 5 Realdence	8 Other (Speci	fy)			
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY	INJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJUR building, etc. (Spe	f — At home, farm, atr	reet, factory,	office	281. LOCATION (City or Town,	Street and Numb State)	er or Rural	Route Number,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI								(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CENTIFIE	the			D 2 9	347	29d, DA	3/2	D (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Typo, F	erine) U-U.	Ma	21801	,			
31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SIG	ulia Davidson	-Randa	82					



- STATE REGISTRAR	STATE OF MARY		TE OF DEATH	MENIAL HYGH				
1. DECEDENT'S NAME (First, Middle, Last	Iris, Slac	un Willon	2. OATE OF DEATH	10AY _919"	EAR 9:50 P			
4. SOCIAL SECURITY NUMBER 213-22-5683	1 🗆 M 2 🔀 F	62 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year, 08/10/1	928	BIRTHPLACE (State or Foreign Country) MARYLAND		
9a. FACILITY NAME (If not institution, give DORCHESTER GENER		9b. (CAMBRIDGE	DEATH	DORCH	OF OEATH HESTER		
10a. STATE 10b. COUN		10c. CITY, TOV	N OR LOCATION		10d. INS			
MARYLAND DO 100. STREET AND NUMBER	RCHESTER	CAMI	BRIDGE 101. ZIP CODE		1 Og. CITIZEN OF WHAT COUNTRY?			
5002 MAPLE DAM R	OAD 12. WAS DECEDENT EVER	IN IL S ADMEO	2161		U.S.A.			
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 V NO	If yes, specify Cuben, Maxi 1 YES 2 NO Spec	en, Puerto Rican, etc.)				
15. DECEDENT'S ED (Specify only highest gra-	OUCATION de completed) College (1-4 or 5+)	16a. OECEDENT'S USUA (Give kind of work do life. Do NOT use retin SWITCHBOAL SUPERVISO	one during most of working	16b. KIND OF BUSINESS/INOUSTRY				
12th 17. FATHER'S NAME (First, Middle, Lest)		SUPERVISOR		HEA	LTH CARI	ů		
HARRY W. SLACUM			CARRI	E SHORTE	R			
MR. WALLACE E. W	SPOUSE)	5002 MAI	PLE DAM RD.,			21613		
20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	ob. PLACE AND DATE OF Of cemetary, crematory or off DORCHESTER		3/27	LOCATION — CIT AMBRIDGI	y or Town, Stata E, MARYLAND		
21. SIGNATURE OF FUNERAL SERVICE I	orran-D	tomusell	22. NAME AND ADDRESS OF CURRAN FUNE 308 HIGH ST	RAL HOME	DGE, MD.	21613		
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentielly list conditions,	Bowel Bower Bowel Bower Bowel Bower Bour to (or as Metasta	Obstruction	ı			Interval Betw Onset and D WKS Scoke		
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c,	A CONSEQUENCE OF):						
PART ii. Other eignificent conditi	one contributing to death	but not resulting in the	e underlying cause given	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
						<u> </u>		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPINAL	1	26. PLACE OF OEATH	Check only one)				
EXAMINER?	HOSPITAL:	stpatient 3 DOA 4 D	HER: Nursing Home 5 - Residence	6 Other (Specify)	NAME OF STREET			
EXAMINER? 1	1 Impatient 2 ER/O	ripetient 3 DOA 4 DOA 4 DOA 14 DOA 14 DOA 14 DOA 15	HER:		OW INJURY OCCU	RED		
EXAMINER? 1 □ YES 2 □ NO 27. MANNER OF DEATH 1 □ Netural 5 □ Pending	28a. DATE OF INJUR (Month, Day, Year	ripstient 3 DOA 4 DOA 29b. TIME OF INJURY	HER: Nursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	set and Number or	RED Rural Route Number,		
EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Returni 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not 8 determined 29a. CERTIFIER (Check only 1 PERTIFYING PHY	28a. DATE OF INJURY (Month, Day, Year 28c. PLACE OF INJURY building, atc. (S) YSICIAN: To the best of my known	290. TIME OF NJURY RY — At home, farm, street, owledge, death occurred at	HER: Nursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S	net and Number or tate)	Rural Route Number,		
EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Returni 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not 8 determined 29a. CERTIFIER (Check only 1 PERTIFYING PHY	28a. DATE OF INJUR 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR building, etc. (S) YSICIAN: To the best of my known in the best of examination	290. TIME OF NJURY RY — At home, farm, street, owledge, death occurred at	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office the time, data and place, and damy opinion, death occured at to 29c. LICENSE N	28d. DESCRIBE HO 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S) us to the cause(e) and he time, data and place	manner as stated	Rural Route Number,		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFICATION COLUMN COLU	28a. DATE OF INJUR 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR building, atc. (S) YSICIAN: To the best of my knot inter: On the bests of examinate	repetient 3 DOA 4 DOA 7 265. TIME OF INJURY RY — At home, farm, street, pocify) owiedge, death occurred at iton and/or investigation, in	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office the time, data and place, and damy opinion, death occured at t	28d. DESCRIBE HO 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S us to the cause(e) and he time, data and place UMBER	manner as stated b, and due to the	Rural Route Number,		



	1. OECEDENT'S NAME (First, Middle, Las WILLIAM SMITH		CERTIF			2. DATE OF DEATH MONTH March 17		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 230-01-9111	¥X	AGE (In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH	1914	ATTHPLACE (State or Foreign (Inginia			
TOR	98. FACILITY NAME (If not institution, given 1402 West 7th S				erick	DEATH	9c. COUNTY O	ederick			
DIREC	Maryland Fr	ederick		y, town on Loc ederick	ATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	1402 West 7th S	treet		1	21701		U.S.	A .			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 VI	VER IN U.S. ARMEO YES 2 NO OR DATES	If yes, t		ANIC ORIGIN? (Specify 1 can, Puarto Rican, etc.) lly:	rea or No 14. R	ACE — American Indian, lack, White, etc. pecify: White			
COMPLETED	1s. DECEDENT'S EI (Specify only highest gra 1Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Electric Co. Emp. Price Electric							
E COM	17. FATHER'S NAME (First, Middle, Last) Nelson Mallon W	hitbeck				ie Melvin	en Sumame)				
TO BE	198_INFORMANT'S NAME (Type/Print) Mrs. Rachel F. Hammond 198_Walling Agoress (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5814 Jefferson Pike Frederick, Md. 2170										
	20th METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) 20th PLACE OF DISPOSITION (Name of cemetory, cremetory or Restriction of Removel from State Restriction of Removel from Memorial Gardens 20th Location — City or Town, State Frederick, Maryland										
	21. SIGNATURE OF THE BALL BURGE	Daile	9	ROBE 1201	RP ADERES DA	TLEY & SON et St. Fre	FUNERAL derick,	HOMES, P. Md. 21701			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificant condition	ona contributing to de	ing cause given i	n Part I. 24s. WAS. PERF	ORMED?	24b. WERE AUTOPSY FIND MARLABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
SICIAN	1 YES 2 NO	At 1 . Course . Course									
Y PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Antigral 6 Pending	28s. DATE OF INJ (Month, Day,	TURY 28b. TH	ME OF 28c. I	NJURY AT	28d. DESCRIBE HO	W INJURY OCCURE	0			
ED BY	1 U YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day.	URY 28b. Til (N	ME OF UURY M 1	NJURY AT WORK? YES 2 NO	284. LOCATION (Streetly or Town, Ste	et and Number or Ru				
ED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not determined 4 Homicide determined 29a. CERTIFIER (Check only)	28a. DATE OF INJ (Month, Day.	IURY 28b. Til No. 1 No. 1	ME OF UURY M 1 C street, factory, of	NJURY AT WORK? YES 2 NO Notes Note	281. LOCATION (Stre- City or Town, Str	et and Number or Ru te) menner as stated.	ural Route Number,			
BE COMPLETED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not determined 4 Homicide determined 29a. CERTIFIER (Check only)	28a. DATE OF IN. (Month, Day, 28a. PLACE OF IN. building, etc. YSICIAN: To the best of my INER: On the basis of exam	IURY 28b. Til No. 1 No. 1	ME OF UURY M 1 C street, factory, of	NJURY AT NORK? YES 2 NO Nortica Ite and place, and d , death occured at t 29c. LICENSE N	281. LOCATION (Stre- City or Town, Sta use to the cause(a) and on the time, data and place, UMBER	et and Number or Rute) menner as stated, and due to the cau 29d, DATE SIG	iral Route Number, see(a) and manner as star NED (Month, Day, Year)			
COMPLETED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Nertural 6 Pending 2 Accident Investigatio 3 Suicide 6 Could not idearmined 4 Homicide detarmined 20a. CERTIFIER (Check only one) 2 MEDICAL EXAM	28a. DATE OF INI. (Month, Day, on the building, etc.) 28e. PLACE OF IN building, etc. YSICIAN: To the best of my INER: On the basis of examiner.	IURY (Specify) 28b. Til (N) LJURY — Al home, farm, (Specify) knowledge, death occur ination and/or investigati	ME OF UURY M 1 C street, factory, of red at the time, dion, in my opinion e, Print)	NJURY AT NORK? YES 2 NO Notes and place, and d , death occured at t 28c. LICENSE N	281. LOCATION (Street) or Town, State of the cause(a) and the time, data and place, UMBER	et and Number or Rutele) menner as stated. and due to the cau 29d, DATE SIG Marc	iral Route Number,			

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR		STATE OF	MARYLAN	D / DEPAR CERTIF	TMENT	OF H	EALTH AND I DEATH		GIENE G. NO.			
1. DECEDENT'S NAME (First, ARZA	Middle, Last)	Azra	W HICK	ne ituo	Whic	hel:	lo	2. DATE OF DE	DAY	gen gen	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	-	SEX		s. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF BIS (Month, Day,	TTN Year)	8. BIRT	THPLACE (State or Foreign ntry)	
109-01-8876	1	M 2 D F	8	O YAS.	WONTERS	DAYS	HOURS WIN.	Jan. 2	4,1911	Per	nsylvania	
9a. FACILITY NAME (If not ins					9b. CITY,	TOWN O	R LOCATION OF DE	EATH	9c. (COUNTY OF	DEATN	
Howard Count		ral Hos	pital		Co	Columbia Howard						
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	LOCAT	ION				10d. INSIDE CITY	
Maryland	Howa	ard		E	llico	tt	City			LIMITS?		
10e. STREET AND NUMBER						10f.	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?	
11905 Freder	cick Roa	ad				21043 U					A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 10 YES 2 NO IF YES, GIVE WAR OR DATES WORLD WAT II					H	MS DECI yes, spe	CE American Indian, ck, Whita, atc. Polity: White					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
Elementery/Secondary (0-		College (1-4 or 5	+)	life. Do NOT u	se retired.)			_				
2	4.0.1			Sale	sman		40 140-1		etail		ery	
17. FATNER'S NAME (First, Mile		Which	0110				18. MOTNER'S NA				1011	
Morris 19a, INFORMANT'S NAME (%)	O.	WILLCH	IGTT0	10h MAII BI	Annesee	(Stract -	Anna nd Number or Rurel		v or Town State	Couns	ett	
Mrs. Alice		20110									m 21042	
20a. METNOD OF DISPOSITI		тетто	20b. PI				ick Road	, EIIIC	20c. LOCATIO			
Burial 2 Cremation	n 3 🗆 Remova	from State	ot	her place)				*			Maryland	
21. SIGNATURE OF FUNERAL		SEE	<u> </u>	fount_0	22. 1	IAME AN	D ADDRESS OF FA	CILITY	IICUC	LICITY	raryrana	
Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701												
23. PART I. Enter the/di shock, or he	seeses, or con ert fellure. Lis				not enter	the mo	de of dying, auc	th as cerdiec o	or respirator	y arrest,	Approximate Interval Between	
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	el	SEPSI									Onset and Death	
Toodking in double,		_		NSEQUENCE C						_		
Sequentially tist conditi		COMON	IARY 1	FRIETZY	DIS	EHSI	٤					
If any, leading to immed												
cause. Enter UNDERLY! CAUSE (Disease or Inju	ry Ca.	GIANI		HISEOUENCE C								
thet initiated events reaulting in deeth) LAS	r I		- (ea. x. o.		. ,.						!	
	d											
PART II. Other algnifice		contributing t	o death but	not reaulting	in the un	derlying	g ceuse given in	Part I. 24a.	WAS AN AUTO PERFORMED?		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Esophagitis		الناء	12 Chew	uc sor	vel,	CITA	Louic Obs	michip, x	YES 2 N	0	OF DEATH?	
Pulmman	* due	re, b	iverho	ulosis,	ANE	MIN	F	_ '			1 TES 2 NO	
	U											
25. WAS CASE REFERRED TO EXAMINER?	-	IOSPITAL:			OTHER		ACE OF DEATH (C	heck only one)				
1 TYES 2 NO		Xinpatient 2			4 🗆 Num	ing Hom	e 5 🗆 Rasidanca					
27. MANNER OF DEATH	Pending	28a. DATE C (Month,	Day, Year)	28b. TII	ME OF JURY		PK7	28d. DESCRIB	E HOW INJUR	OCCURED		
2 Accident	rending Investigation	00. 71.00	OF BUTTON	11.	M		YES 2 NO		1.00			
	Could not be detarmined	buildin	g, atc. (Specify)	At home, farm,	street, racti	ory, ome	•	City or Tov		imper or Hun	al Route Number,	
(Critical Drilly							and place, and du				e(s) and manner ea stated.	
29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICENSE NU	MBER	29d	DATE SIGN	ED (Month, Day, Year)	
SAFALL	- hus							296	•	3	-17-91	
30. NAME AND ADDRESS OF	PERSON WNO				-							
	GIBBONS	, MD	950/ C	LO ANNI	1 POLIS	RA	, ELLICO	IT CITY	MB 2	1043		
MAR 1 9 199	11 Juli	PANI DE	-Hande	此								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

The Property of the Post of

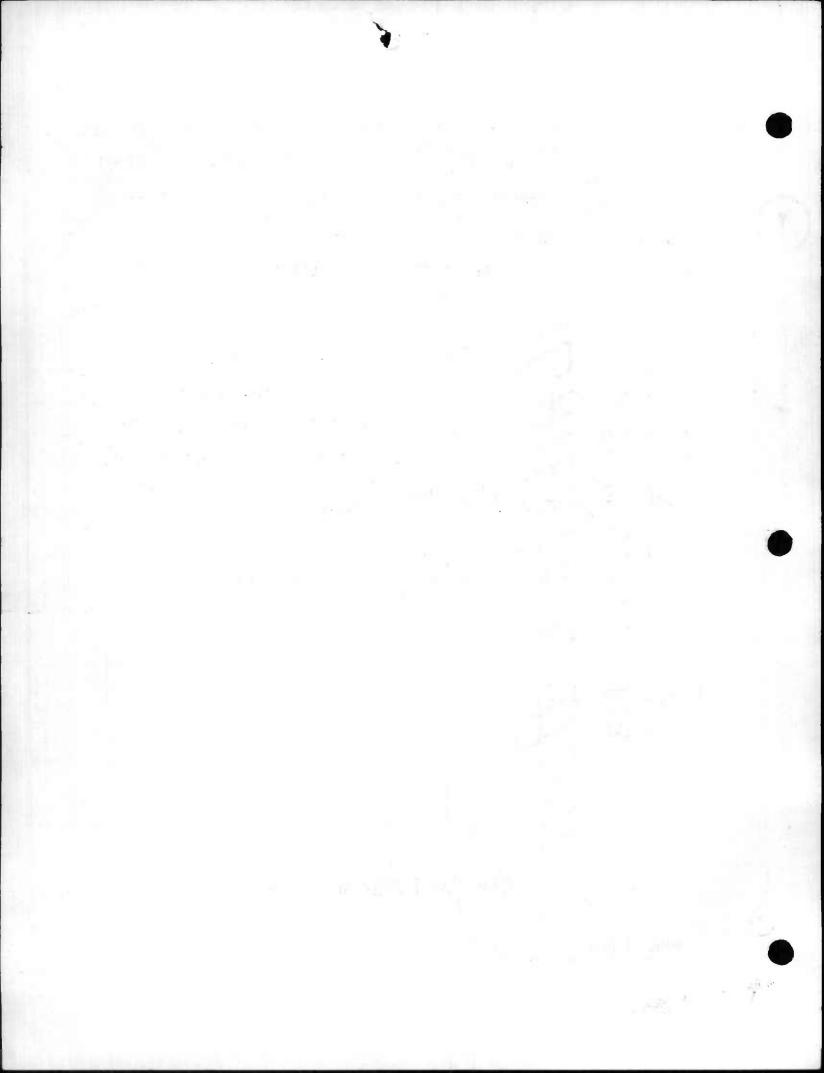
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permits be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlat, cremation, or removal. IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTAL HYGIEN REG. NO			
ļ	1. DECEDENT'S NAME (First, Middle, Last) VAN OTF	łO_		Wilk	Goen	2. DATE OF DEATH MONTH D	3,1991	R 1950 M	
	226-64-1886	⊗M 2 □ F	In yrs. lest birthdey) 38 YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) JULY 20,	1952 M	RTHPLACE (State or Foreign ountry) ARYLAND	
TOR	96. FACILITY NAME (If not institution, give street PENINSULA GENERAL RESIDENCE OF DECEDENT			9b. CITY, TO	WN OR LOCATION OF DI SALISBURY	°c. COUNT OF PEACH			
DIRECTOR	VIRGINIA ACCOM	1AC K		Y, TOWN OR L EW CHU				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	BOX 65, RT 709				101. ZIP CODE 234		109. CITIZEN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	: WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yo	DECENDENT OF HISPAI s, specify Cuben, Mexica YES 2 NO Specif	in, Puerto Rican, atc.)	ee or No- 14. RACE — American Indien, Black, White, stc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 1.2 YEAES	ion npleted) college (1-4 or 6+) 25YEARS	16s. DECEDENT'S (Give kind of life. Do NOT use) FARME	work done during se retired.)	PATION g most of working	166. KIND OF BU	ISINESS/INDUSTF	TY	
BE COM	17. FATHER'S NAME (First, Middle, Last) PHILIP (unk)		ERSON		16. MOTHER'S NA	AME (First, Middle, Meider ET ANN	TOWNSE	ND	
TO B	190. INFORMANT'S NAME (Type/Print) DONNA WILKERSON-WII		BOX 6	5, RT	709, NEW (CHURCH, VA	234 15		
	20e. METHOD OF DISPOSITION 3/2(1 Burlel 2 Disposition 3 Remove 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:	I from State	SALISBUR	# DISPOSITION (Name of cometery, cremetory or SALISBURY, MD 22c. NAME AND ADDRESS OF FACILITY					
	· Scott S.	Melson		MEI PO	SON FUNERA BOX 64, PO	AL HOME COMOKE, MD		1	
TION	Sequentially list conditions, if any, leading to immediate	LZVER DUE TO (OR AS A	+ KZD	JEY Pr:			piratory arrest,	Approximate interval Between Onset end Deeth	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE O	P):					
PHYSICIAN: MEDICAL (PART II. Other algnificent conditions of	contributing to death b	out not reaulting	in the unde	rlying cause given in		PAMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA		IOSPITAL:		OTHER:	RS. PLACE OF GEATH (C				
BY PHYS	1 VES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28	c. INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory	office	261. LOCATION (Street City or Town, Stell		ural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	_						use(e) end menner ee stated.	
TO BE (29b. SIGNATURE AND THE OF CERTIFIER	COMPLETEO CAUSE OF O	PATH STEM OF S	a. Parinell	29c. LICENSE NU	1 3	29d. DATE SIGNED (Mgrith, Dey. Year) 3/18/9/		
	1	132. REGISTRAP'S SIGN	S()	RIVEN	LSIDE DR.	SALISI	sury	mp. 21801	
10	MAR 2 5 '91	Julia Davide	son-Mandelo	C _p ia					

•

-	1		-
BALTIMORE, MARYLAND 21203-3146	from death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit perioval.	al examiner must be notified at once.	C SACRIFICATED BY CT
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBI ETED BY BUYEIGIAN. MEDICAL CERTIFICATION

	1. OECEDENT'S NAME (First, Middle, Last)	Thelma M	argari	te W	righ	t			March 14, 1991			3. TIME OF DEATH 7:25 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)			IF UNDER 24	HRS.	7. DATE OF BIRT	TH	a. BIRT	HPLACE (State or Foreign	
	214-24-6975 SB. FACILITY NAME (If not institution, give	1 M 2 X F	76	YRS.	MONTHS	DAYS	HOURS &		10-10-		Ma OUNTY OF	ryland	
FUNERAL DIRECTOR	Garrett County		al Hos	pita			land	OF DEA	NET!		Garre		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT				Y, TOWN O	P I OCAT	TON					[]	
E		arrett		McHenry								10d. INSIDE CITY LIMITS?	
	10e STREET AND NUMBER	riect			nene		. ZIP CODE			1		1 YES 2 NO	
RA		(0.0	D 00.	c 1		101		A 1		109.		WHAT COUNTRY?	
2	Sang Run Road 11. MARITAL STATUS	(P.O.							0.0000000		USA		
2	1 Never Married 2 Married	FORCES? 1	YES 2 VI	NO If yes, specify Cuban, Maxica					, Puerto Rican, a		Biac	E — American Indian, ik, White, etc.	
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES							Specify:	Spec	white			
	15. DECEDENT'S ED	UCATION			USUAL OC				16b, KIND (OF BUSINESS			
H I	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	Min.	Do NOT u	work done d se retired.)	luring mo	et of working						
COMPLETED BY	12 th		Ow	ner-	oper	ato	or		Gro	cery			
ŏ	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	T'S NAM	IE (First, Middle, A	Maiden Sumam	e)		
BE	Harry Warth	nen						A	inna Wa	arthe	n		
10 8	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or	Rural Ro	oute Number, City	or Town, State,	Zip Code)		
F	Charles Thomas	s Wright	, Sr.	P. 0). Bo	X S	906,	McH	lenry,	Md.	215	41	
	20a. METHOD OF DISPOSITION 1 V Buriel 2 Cremation 3 Rea	movel from State	20b. PLACE other pl	OF DISPO	SITION (Ner	ne of cer	netery, cremeto	ary or	2	Oc. LOCATION	- City or T	own, Stata	
	4 Donation 5 Other (Specify)		Sang	Run						McHen	ry, i	M D	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		/			ND ADDRESS				D 0		
	1. Fran	~ 1 +	Pumo	reel	Gr	ant	Livet	Ie	al Hor	21536			
	23. PART I. Enter the diseases, or ahock, or heart failure	Complications the	caused the de	eth. Do	not enter	the mo	ds of dying	, such	ae cardiec or	reapiratory	arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final									Donet and Death			
	disease or condition resulting in deeth)	pulmon	nary ede	ema								1 week	
			(OR AS A CONSE			. 1							
Z	Sequentielly list conditions,	D				icular hypertrophy						years	
Ĕ	If any, leading to immediate cause. Enter UNDERLYING		OR AS A CONSE	OUENCE C	NF):								
2	CAUSE (Disease or injury that initiated events	Gr.	tension	OUENCE O	PD:							years	
CERTIFICATION	resulting in death) LAST		•		,								
8		d											
A	PART II. Other significant condition							en in F		VAS AN AUTOP	SY 24	WERE AUTOPSY FINDINGS	
EDICAL	diabetes melli								_ 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
W I	rheumatoid lun	g; acute	and chro	onic	rena	1 fa	ilure	;	_			1 - YES 2 NO	
ż	chronic anemia										_		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEAT	TH (Chec	ck only one)				
PHYSICIAN:	1 TYES 2 NO	1 K Inpatient 2	ER/Outpatient 3	DOA			e 5 🗆 Resid	lence 8	Other (Speci	ffy)			
E	27. MANNER OF OEATH 1 2 Netural 5 Pending	28a. DATE OF (Month, Di		26b. TIR	JURY	WC	URY AT		28d. DEŞCRIBE	HOW INJURY	OCCURED		
BY	2 Accident investigation				M		YES 2 N	10					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	ome, farm,	street, facto	ory, offic	a		City or Town	(Street and Nur. i, State)	nber or Rurel	Route Number,	
W	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge de	anth occur	rad at the ti	me date	and place or	nd due t	to the councie) o	od manner en	eteted		
N N	Torrow or the same											(s) and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFI	-1.			11		29c. LICENS			-		D (Month, Day, Year)	
BE	Margaret Kaiser,	VII	WHALK	ex 1	1/11/	a Aur		6650			3/15		
2	30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (ITE	M 27) (7)	o, Print)	4/10	DZ	000			- J/ L-) / J L	
		land, Md	V										
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE										
	MAR 2 1 1991 4	what Cavidan	- Gandell										

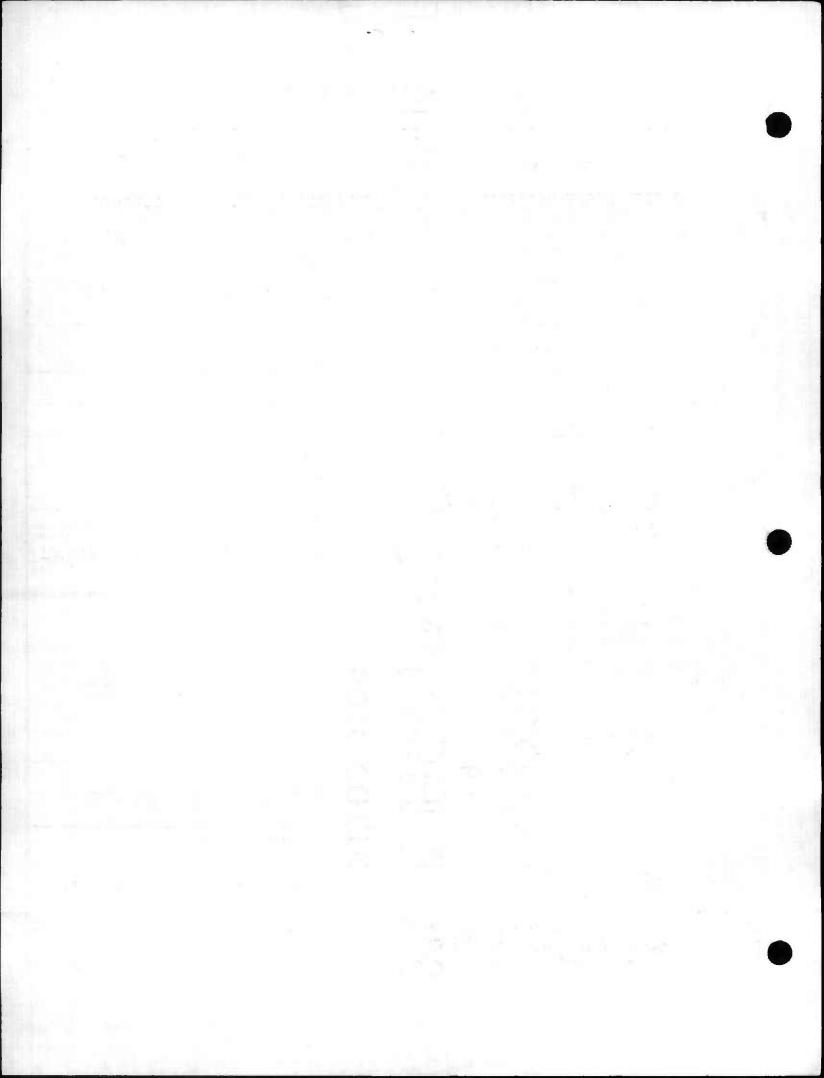


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OHAL OF M	CE	RTIF	ICATE	OF	DEAT	TH	MENTA	REG. NO	D.		
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	DAY	VEAR	3. TIME OF DEATH
WILLIAM	WARD	WI	HITE					MONT O	3 25	DAY 91	YEAR	02:40 M
4. SOCIAL BECURITY NUMBER 214-07-0466	5. SEX	6. AGE (In yrs. lest		IF UNDER 1	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	16	8. BIRT	HPLACE (State or Foreign
	-	/ 1	YRS.						10-19			
9e. FACILITY NAME (If not institution, give				96. CITY,							NTY OF	
SACRED HEART	HUSPITAL			CU	JMBE	RLA	ND,	MD		I AL	LEG	ANY
10e. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN O	R LOCATI	ON						10d. INSIDE CITY
MD Allega	iny		Cumi	berla	nd,							YES 2 NO
100. STREET AND NUMBER 635 Oldtown Road	ī.					ZIP CODI 502	E			10g. CIT	_	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. W	WAS DECE	NDENT C	OF HISPAI	NIC ORIGI	f? (Specify Y	es or No-	14. RAC	E — American Indian,
1 Never Merried 3 Widowed 4 Divorced	ver Merried FORCES? 1 YES 2/2NO If y					city Cuba 2 1 NO	n, Mexica Specif	n, Puerto y:	Rican, atc.)		1 1 1 1 1 1 1 1 1	hite
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a, DE	CEDENT'S	USUAL OC work done di	CUPATIO	N .	200	181	KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	IIIo.	Do NOT u	condu			ng .		Amtr	ack		
17. FATHER'S NAME (First, Middle, Last)					T	18. MOT	HER'S NA	ME (First,	Middle, Maide	n Surneme)		
Ward M. White						Lu	cind	la Ja	ne En	gland		
10a. INFORMANT'S NAME (Type/Print) Mrs. Rachel C.	White	63	MAILING	ADDRESS Ldtown	(Street and	ad C	or Rumi	Route Num erlar	ber, City or R	wn, State, Zi) Code)	
20e. METHOD OF DISPOSITION	moval from State	20b. PLACE						3-2		ocation -		
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENDEE							1	. /			
21. SIGNATURE OF PUNERAL SERVICE L	/	11.							Home	2		
(longs +)	1 cars	ella						VID 21				
23. PART Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Meta	se on each ilne	c/	Aden					of P			Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	OR AS A CONSEC										
PART II. Other algoriticant condition	one contributing to	dasth but not r	eauiting	in the un	derlying	cause	given in	Part i.		AN AUTOPSY DRMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					_				1 TYES	2 NO		OF DEATH?
							_					1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER		ACE OF D	DEATH (C	heck only o	ne)			
1 YES 2 NO	1 Supportient 2		□ DOA			5 🗆 R	esidence	8 🗆 Oth	1.777			
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF (Month, De		28b. Till IN	ME OF JURY M	28c. INJU WOI 1 Y	JRY AT RK? ES 2 [□ NO	28d. DE	SCRIBE HOV	Y INJURY O	CCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	rne, farm,	street, facto	ory, office				CATION (Street or Town, Sta		or Plural	Route Number,
(Orlock Orly)	SICIAN: To the best of											(a) and manner as stated.
296, SIGNATURE AND TITLE OF CENTUR		Danie	217				ENSE NU		-	29d. DA	TE BIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITE	M 271 /5~	e Print)		Vo	XO /	//		(5-0	25-91
PAUL LIVENGOOD					MBER	LANI). M	D. 2	1502			

IMPORTANT. If item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 U 9 5 4 5 CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First,	, Micidia, Last)	CARROLL	CHRISTO	PHER	WILLS		2. DATE OF DEATH DATE OF MARCH 25.	1991	YEAR	3. TIME OF DEATH 2:00p.m. M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	-177	8. BIRTHE	PLACE (State or Foreign
220-10-5826		1 💢 M 2 🗆 F	72	YRS.	MONTHS DAYS	HOURS MIN.				TSBURG, MD.
315 E. MAIN	N ST.	reet end number)				OR LOCATION OF D				
10a, STATE	10b. COUNTY			ATION				10d. INSIDE CITY		
MARYLAND		DERICK		EMN	4ITSBUR	a	1 XX			
10e. STREET AND NUMBER		101. ZIP CODE								HAT COUNTRY?
315 E. MAIN	1 21.					21727			S. A	
11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 New M						en, Puerto Ricen, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc.	
15. DEC (Specify onl Elementary/Secondary (C	EDENT'S EDUC y highest grade 0-12)	Cation completed) College (1-4 or 5	+) (G	ECEDENT'S Give kind of v DO NOT us ORILLE		FION nost of working	G. A.			
17. FATHER'S NAME (First, M		GEORGE W	ILLS			18. MOTHER'S NA	AME (First, Middle, Melden EMMA MIL			
19a. INFORMANT'S NAME (b. MAILING	ADDRESS (Stree	t and Number or Rural	Route Number, City or Tow		o Code)	
JOHN WILLS	5			SUNNY	CLOSE	P. O. BO	X @# THURM	ONT.	MD.	0!&**
20a, METHOD OF DISPOSIT 1 X Burlel 2 Crematic 4 Donation 5 Other		oval from State	20b. PLACE other p	OF DISPOS		semetery, crematory or	20c. LO	CATION —	City or Tov	vn, State
21. SIGNATURE OF FUYERA	L SERVICE LIC	ENSEE A	4	31.		AND ADDRESS OF F	ACILITY			
· John	m.	Shil	es		210	W. MAIN	SK ST., EMMIT			RAL HOME . 0!&0&
23. Part I. Enter the d	iseases, Dr c	complications the	et coused the de	eath. Do n	not enter the n	node of dying, suc	ch as cardiec or raepi	ratory en	rest,	Approximate interval Between
IMMEDIATE CAUSE (Findiseese or condition resulting in death)		Pial	isble	M	ocay	list In	facitio	_		Onset end Deeth
Sequentially list condit if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	diate sing	b. QUE TO	liosal	OUENCE OF	The price of	feart feart	Sueau Failin	L W	itt	
PART II. Other eignifica	anc	71.4 . 4	COR	19	76	7	PERFOR	RMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		1	26. OTHER:	PLACE OF DEATH (C	heck only one)			
1 YES 2 NO			ER/Outpetlant :	_	4 - Nursing H		6 Other (Specify)			
1 Natural 5 2 Accident	Pending Investigation	28a. DATE Of (Month, I		20b. TIM INJ	JURY \	NJURY AT WORK? YES 2 NO	284. OESCRIBE HOW I	NJURY OC	CUREO	
0 0 0 1-14-	Could not be determined	28e. PLACE (building	OF INJURY At he , etc. (Specify)	ome, farm, s	street, factory, of	lice	281, LOCATION (Street City or Town, State)	and Numbe	r or Aural A	oute Number,
	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
200 SIGNATURE AND THE	(XX	9	ta	ud	(m)	29c. LICENSE NI	705			(Month, Day, Year) 25. 1991

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — neurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

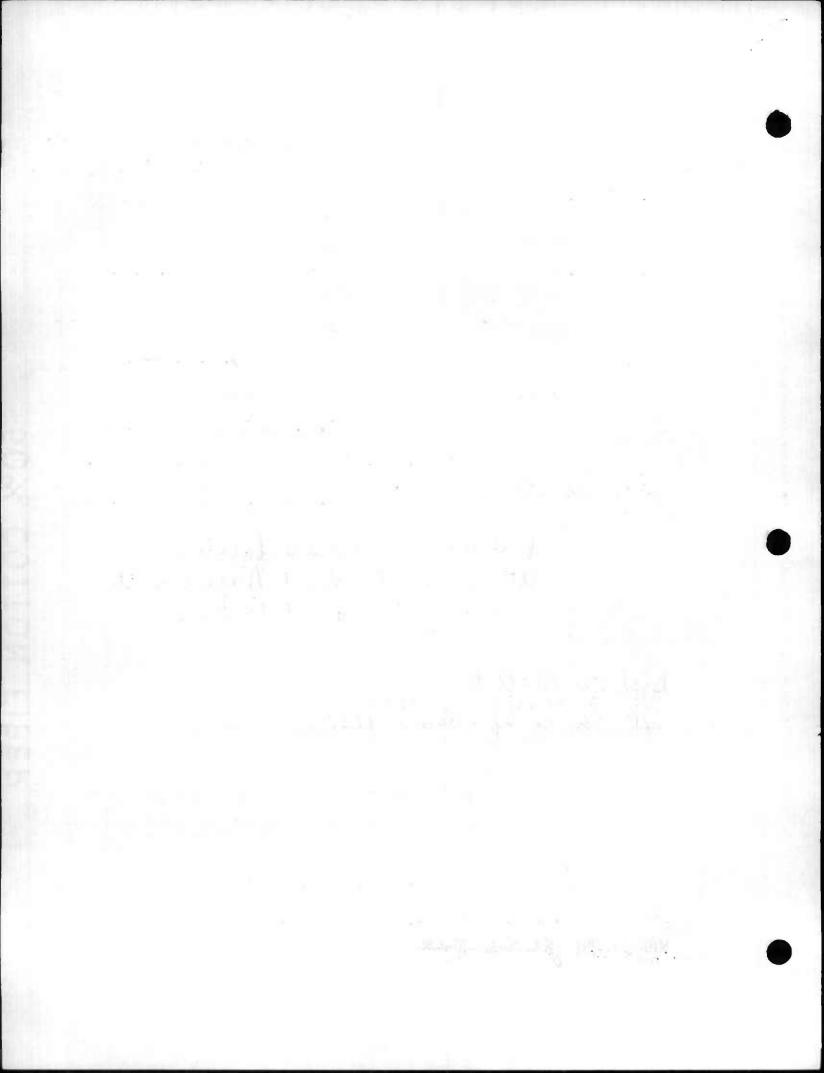
BALTIMORE, MARYLAND 21203-3146

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

ALAN CARROLL, M.D. S. SETON AVE., EMMITSBURG, MD. 0!&0&

MAR 2 6 1991

32. REGISTRAR'S SIGNATURE



1	-	FOR STATE REGISTR	ΑI
Г	1. D	ECEDENT'S	N

1 - STATE REGISTRAR			OF DEATH	MENIAL HYGIENI REG. NO.	9	1 09546
1. DECEDENT'S NAME (First, Middle, Last)		121	/	2. DATE OF DEATH		3. TIME OF DEATH
GORMAN BEI	NJAMIN	WEBST	ER	MARCH I	1 199	
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last t			7. DATE OF BIRTH (Month, Day, Year)	8. B	NRTHPLACE (State or Foreign country)
217-14-8377 11	M 2 50 77	YRS. MONTHS	DAYS HOURS MIN.	04-10-19		arvland
9e. FACILITY NAME (If not institution, give street	and number)	9b. CITY	TOWN OR LOCATION OF DE		9c. COUNTY C	OF OEATH
PENINSULA GENERAL	HOSPITAL	SA	LISBURY		WICO	MICO
10e. STATE 10b. COUNTY		10c. CITY, TOWN C	R LOCATION			10d. INSIDE CITY LIMITS?
Maryland L Some	rset	Deal	<u> Işland</u>			1 YES 2 NO
100. STREÉT AND NUMBER P.O. BOX 202			101. ZIP CODE 21821		10g. CITIZEN	OF WHAT COUNTRY?
	. WAS DECEDENT EVER IN U.S. ARM	ED 13.	WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yee		RACE — American Indian, Black, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 PYES 2 NO IF YES, GIVE WAR OR OATES WORLD WAR II		if yes, specify Cuben, Mexico I YES 2 NO Specif			Speck, White, atc. Specky: White
15. DECEDENT'S EDUCATION	ON 16a DEC	EDENT'S USUAL O	CCUPATION	16b, KIND OF BUS		
(Specify only highest grade com Elementary/Secondary (0-12)	npleted) (Give	e kind of work done on NOT use retired.)	during most of working			
/ı	1505	erman		Seaf	ood	
17. FATHER'S NAME (First, Middle, Last)		erman	16. MOTHER'S NA	ME (First, Middle, Malden		
Bennie Webster			Sadi	e Shores		
19e. INFORMANT'S NAME (Type/Print)	19b.	MAILINO ADDRESS	S (Street end Number or Rural		n, State, Zip Codi	ie)
Mrs. Jacqueline	Webster P	30x 202	. Deal Isl	and. Md.	21821	1
20s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal	20b. PLACE O	F DISPOSITION (No	me of cometery, crematory or		CATION — City	or Town, State
4 Donation 6 Other (Specify)		,	emeterv	De	al Isl	land, Md.
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		NAME AND ADDRESS OF FA			,
Hinman Funeral Home MO0295 Princess Appe. Md. 21853						
23. PARTA. Enter the diseases, or com	plications that caused the dea					Approximata
shock, or heart failure. List	t only one cause on each line.					Interval Between Onset and Death
disease or condition	INTRACERLIBRA	L HEMA	TOMA			6 hous
resulting in death) s	DUE TO (OR AS A CONSEOU					1
C ,						
Sequentially list conditions, If sny, lesding to immediate	OUE TO (OR AS A CONSEQU	UENCE OF):				
ceuse. Enter UNDERLYING CAUSE (Disease or Injury						
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF):				
d						
PART II. Other significent conditions c	ontributing to deeth but not re	sulting in the u	nderlying ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
	OSPITAL:	DOA 4 Nu				
27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURI	ED
1 Natural 5 Pending	(Month, Day, Year)	M	WORK? 1 YES 2 NO			
2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY — At hon	ne, term, atreet, fac	tory, office	26t, LOCATION (Street		Pural Route Number,
4 Homicide determined	building, atc. (Specify)			City or Yown, State,	,	
(Critical Only	N: To the best of my knowledge, dea					
one) 2 MEDICAL EXAMINER: 0	On the basic of examination end/or in	nvestigation, in my	opinion, death occured at the	e time, data and piece, ar	nd due to the ca	suee(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)
Court W Selli			128	587	•	
30. NAME AND ADDRESS OF PERSON WHO C	•					
EDWIN H. BELLI)	EDWIN H. BELLI SOBS, DIVISION ST. SALISDUMY, MD. 21801					
31. DATE FILED (MONTO DOLY 1947)	33 REGISTRAT'S SIGNATURE	dell				

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

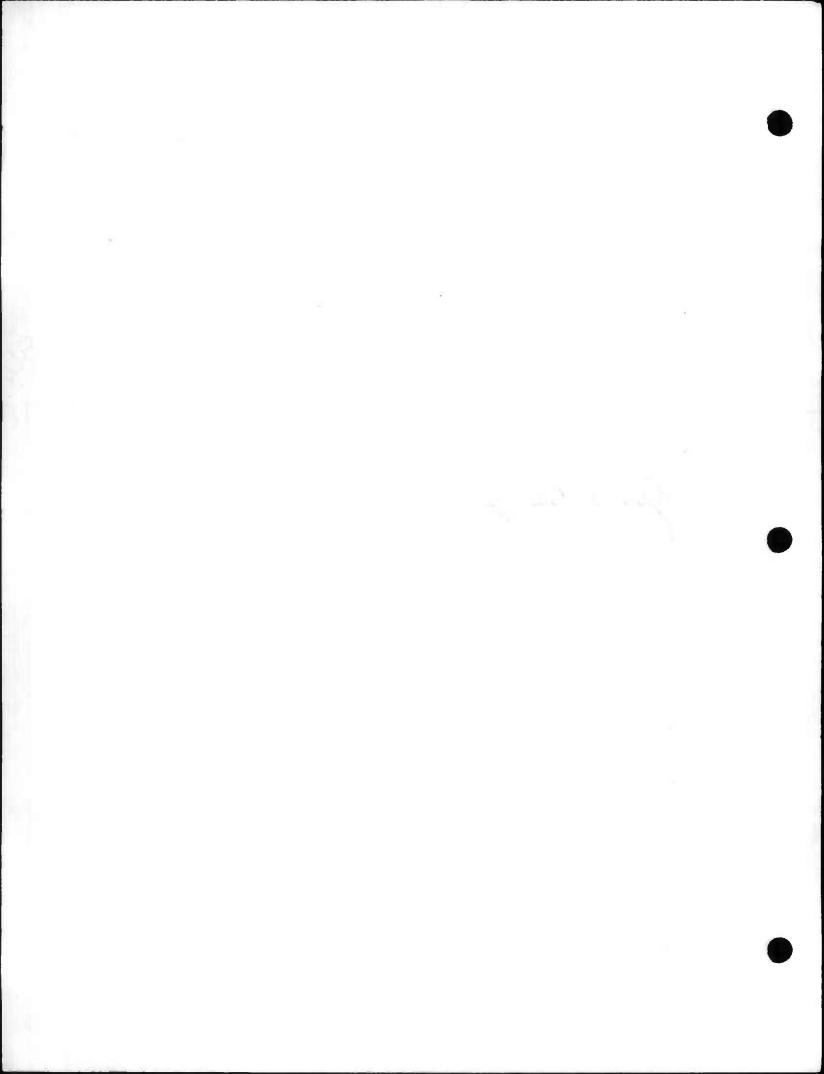
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			CALIFI	CALE	OF	DEATH		ME	G. NU.			
١	1. DECEDENT'S NAME (First, Middle, Last) KENNETH	L.			Wel	15 /	Ter	2.	DATE OF DE	DAY DAY	61	YEAR 191	3. TIME OF DEATH
4	The state of the s	8. SEX 1 M 2 D F	3. AGE (In yrs. le		IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HF HOURS MI		Month, Day, 5 - 0 1	RTN Wear)	15	Country	PLACE (State or Foreign
DIMECTOR	96. FACILITY NAME (If not institution, give stre PENINSULA GENERAL				96. CITY, TOWN OR LOCATION OF DEATH SALISBURY WICOM								
5	RESIDENCE OF DECEDENT												
4	10e. STATE 10b. COUNTY			10c. CITY	TOWN OR	LOCATI	ON					i	10d. INSIDE CITY LIMITS?
5 1	Maryland Wicon	mico		Sa	lisb	ur	V					- 1	1 YES 2 □ NO
	10e, STREET AND NUMBER			1 00		_	ZIP CODE				10a, CIT	ZEN OF W	HAT COUNTRY?
FUNEMAL		•				-					111		
4	Waterview Nurs						21801				-	J.S.	
5		12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED NO			NDENT OF NE				r No—	14. RACE Black	- American Indian, White, etc.
5	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA					2 NO S		out to riveri,	V.C.,			hite
2	16. DECEDENT'S EDUC			ECEDENT'S L					18b. KIND	OF BUSI	NESS/INC	DUSTRY	
.	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	16	Give kind of w e. Do NOT use	ork done dui retired.)	ring mos	t or working						
-	1.0	Conege (I-4 of 5 +)	C.	eafoo	d Ma	000	aor		Fo	od 9	Sori	vice	
COMPL	47 5471500 11445 57 4 57 1		1 38	aiuu	u Ma	ıııdı		0 11:	A			A T C C	_
3	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER		100		urname)		
H H	Roland Webste	r					Lota	We	bste	r			
	19e. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS (Street on	d Number or R	Rural Flout	e Number, Cit	ty or Town,	State, Zip	Code)	
2	Mr. Carl Mille	T		(160	Rade	ماء	a Ava	nue	Ra	ltin	nore	ь M	d. 21206
	20s. METHOD OF DISPOSITION						etery, crematory					City or To	
	1 Burial 2 Cremetion 3 Remo	val from State	other p	Hace)									
	4 Donation 5 Other (Specify)		Ist.	<u>John</u>			tery			Dea	al.	Isla	nd, Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1				D ADDRESS O						
	> ()	_ /	/				an fu						
	23. PASS . Enter the diseases, or co	·		1295	PI	<u>cin</u>	cess	<u>Ann</u>	е, М	d. 2	218.	53	
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	4	on each lin	063		tire	pul.	mos	*	dis	las	e	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions,)	OR AS A CONSI	FOLIENOE OF									
	if any, leading to immediate cause, Enter UNDERLYING	001 300	JN AS A CONSI	OUENCE OF):								
3	CAUSE (Disease or Injury												
=	that initiated events	DUE TO (OR AS A CONSI	EOUENCE OF):								7
	resulting in death) LAST	i		_									
3			_									-	Ţ
اہ	PART II. Other algolificant conditions	2.4			n the und	eriying	cause give	n In Pai	rt I. 24a.	WAS AN A		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	4	majerti	10) }	tears	FO	wen	(e)		1,-	YES 2			COMPLETION OF CAUSE
EDICAL		Delus	am		-				_ ' _	, , 2.0 6			OF DEATH?
Σ		Proposition							-			1	1 YES 2 NO
žΙ	·												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSSITAL					ACE OF DEATH	H (Check	only one)				
2	1 VES 2 DNO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:		5 🗆 Reelde	ence 8	Other (Spe	ecify)			
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF	NJURY	28b. TIMI	E OF 2	28c. INJI	JRY AT		d. DESCRIB		JURY OC	CURED	
	1 Netural 5 Pending	(Month, Da	y, Year)	INJ	URY	WO	RK? 'ES 2 NO						
2	2 Accident Investigation		AND MI STORY	1	- "			-					
	3 Suicide 8 Could not be	280. PLACE OF building, o	tNJURY — At I etc. (Specify)	ome, farm, s	areet, factor	ry, office	,	26	Ofty or Tox	vn, State)	nd Numbe	r or Rural I	Soute Number,
OMPLEIED	4 Homicide determined												
ן ב	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of i	w knowledge (feeth occurre	d at the tim	no dete	and place, and	d due to	the cruse(a)	and man	nor on oh	thed	
È	(Check only one) 2 MEDICAL EXAMINER	_											and manner as exists if
5	a LI MEDICAL EXAMINER	On the beside of ex	mineuon end/o	· ····vestigatio	ii, in my opi	HIDR, O	sem occured a	nt the tim	re, ume end	prace, and	aue to t	ING COURG(y wild manner 66 stated.
u l	296. SIGNATURE AND TITLE OF CERTIFIER	1 11	10	Dr.	-		29c. LICENSE	E NUMBE	R	2 1	29d. DA	TE SIGNED	(Morith, Day, Year)
<u> </u>		- 14	9-	_/	2		מ	25	219			3-11	191
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	OF DEATH OT	FM 271 /7600	Print)				- / /			- /6) (/
	CHARLES D STEGM		3 BOX 3	3 Pala	rin.	Ans	D UZ Mc	1 2	2185	3			
- 1	31. DATE FILED (Month, Day, Year)	30. REGISTRAI			000				47				



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	Caurence Wilmorth	2. DATE OF DEATH MONTH

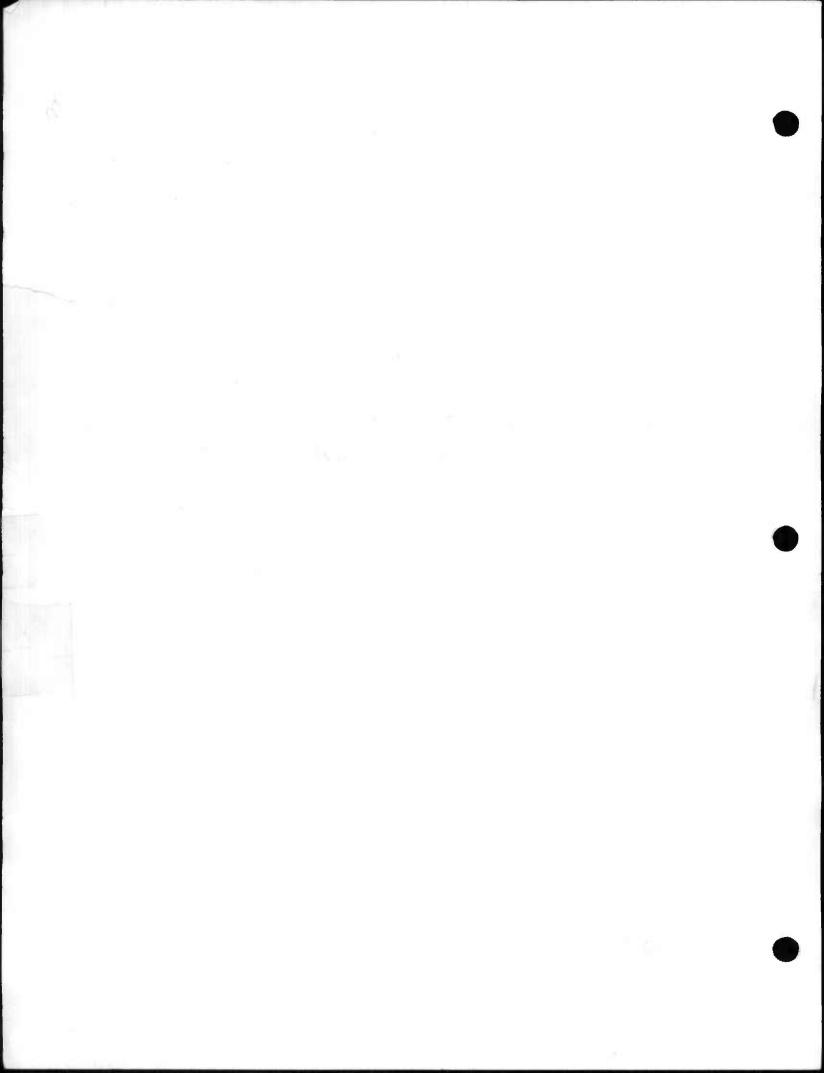
Syc	t, Middle, Last)								ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	erance	3. C	awre	we	حد لا	2.1	mar	TH =	5-19	- 0	71	7:15 0
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (in yrs. last	birthday)	IF UNDER t		IF UNDER 24 HR	75.1	TE OF BIRTH lonth, Day, Year)		8. BIRT	HPLACE (State or Foreign
216-15-573	30	1 M 2 F	3	YRS.	MONTHS	DAYS I	HOURE MI	Ju	ne 5, 1	987		irginia
9a. FACILITY NAME (If not in	nstitution, give str	wet and number)			9b. CITY, T	OWN OR	LOCATION O	F DEATH		9c. COU	NTY OF	DEATH
Holy Cross	Hospi	tal			Sil	ver	Sprin	ıq		Mo	onta	omery
RESIDENCE OF DE	CEDENT											
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY LIMITS?
Maryland		gomery		Ro	ockvil	lle						1 TYES 2 X NO
10e. STREET AND NUMBER						10f, 2	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
15204 Hann	nans Wa	У					20853	3		Uni	ted	States
11. MARITAL STATUS 1XXNever Merried 2 3 Widowed 4 Divo		FORCES?	IT EVER IN U.S. ARI YES 2 🖾 N MAR OR DATES		lf y	yes, spec		exican, Pue	iGIN? (Specify Ye rto Ricen, atc.)	n or No—	14. RAC Blee Spe	CE — American Indian, ck, White, atc. City White
	CEDENT'S EDUC		16a. DE	CEDENTS	USUAL OCC	UPATION	of condition		16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (ly highest grade (0-12)	College (1-4 or 5	life	Do NOT u	work done du se retired.)	ring most	or working	İ				
0			S	Stude	ent				Educa	tion		
17. FATHER'S NAME (First, A									rst, Middle, Maiden			
Arthur Edw	vard Wi	lmarth,	Jr.				El	llen	Kay Whe	tham		
19a. INFORMANT'S NAME (Type/Print)								Number, City or Tox			9.6
Arthur E. W	Vilmart	h, Jr.	1	.520	4 Hanr	nans	Way,	Rock	ville,	Mary:	land	20853
20a. METHOD OF DISPOSIT		V	20b. PLACE	OF OISPO	SITION (Nam	e of ceme	etery, crematory	y or	20c. LC	CATION -	- City or 1	Town, State
1 Donation 8 Othe		oval from State	_ Monto		ry Cre	emate	orium,	Inc	. Bet	hesda	a, M	aryland
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE								٠, .		/Rockville
Rahe	43	and	\ N	10019	98 Roc Ro	oert 00 W	est Mo	ntgo Mary	ey Fune mery Ay land 2	8858	ноте -280	Inc.
ahock, or it IMMEDIATE CAUSE (FI disease or condition resulting in death)			O S S		tio	7						Interval Betw Onset and D
, and a second		DUE TO	(OR AS A CONSE	DUENCE C	OF):							
			O (OR AS A CONSEC	200	1 6	-	18~	_				
Compositely, that someth	Alama							-				
Sequentially list condition if any, leading to imme	ediata	DUE TO	(OR AS A CONSEC	MENCE (OF):)				
	ediata /ING	h	O (OR AS A CONSEC		,			>				
if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injury) that initiated events	ediata /ING ury	h	O (OR AS A CONSEC		,			3	M			
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj	ediata /ING ury	h	O (OR AS A CONSEC		,			3				
if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injury) that initiated events	ediata YING Jury ST	DUE TO	O (OR AS A CONSEC	QUENCE (OF):					RMED?	7 24	4b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	ediata YING Jury ST	DUE TO	O (OR AS A CONSEC	QUENCE (OF):				PERFO	RMED?	7 24	MAILABLE PRIOR TO COMPLETION OF CAU
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	ediata YING Jury ST	DUE TO	O (OR AS A CONSEC	QUENCE (OF):				PERFO	RMED?	7 24	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	ediata (ING CIP) ST	DUE TO	O (OR AS A CONSEC	QUENCE (OF): In the und	derlying 26. PLA		n In Part	PERFO	RMED?	7 24	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
If eny, leading to immecause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific	ediata (ING CIP) ST	DUE TO	O (OR AS A CONSEC	QUENCE C	In the und	derlying 26. PLA	cause give	n In Part	PERFO	RMED?	f 24	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to immeduase. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMMER? VES 2 NO 27. MANNER OF DEATH	rant conditions	DUE TO	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	esulting	OTHER:	derlying 26. PLA	Cause give	n In Part	PERFO 1 🔀 YES	RMED? 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
If eny, leading to immeduae. Enter UNDERLY CAUSE (Disease or inj that initiated eventa resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? VES 2 NO 27. MANNER DE DEATH Natural 5	ediata (ING CIP) ST	DUE TO	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONS	esulting	OTHER:	26. PLA:	Cause give	n In Part	PERFO 1 T YES ly one) Other (Specify)	RMED? 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5 Accident	ediata (FING Urry ST Conditions) TO MEDICAL Pending	DUE TO	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	esulting DOA 28b. Til	OTHER: 4 Numb	26, PLA : :ing Home WOR 1	Cause give	n In Part H (Check on once 8 1 28d,	PERFO 1 T YES ly one) Other (Specify)	RMED? 2 NO INJURY O	CCURED	ANULABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES \$\(\)\(\)\(\)\(\)\(\)
if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMMER? VES 2 NO 27. MANNER OF DEATH Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only	TO MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inperient 2 28a. DATE O (Month, 28a. PLACE building	O (OR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	DOA 28b. Til	OTHER: 4 Nursi	26. PLA: :ing Home 28c. INJU WOR 1 Ury, offica	Cause give	n In Part H (Check on once 8 🗆 28d.) O 28t.	PERFO 1 X YES Other (Specify) OESCRIBE HOW LOCATION (Street City or Town, State c cause(a) and m.	INJURY O	CCURED or or Rura	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 □ YES ②(□ NO
If eny, leading to immeduae. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMMER? VES 2 NO 27. MANNER OF DEATH Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only	TO MEDICAL Pending investigation Could not be determined COULD NOT be determined COULD NOT be determined COULD NOT be determined	DUE TO d. a contributing to a contributing to a contributing to a contributing to in partent 2 28a. DATE O (Month, 28a. PLACE building CIAN: To the best of	O (OR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	DOA 28b. Til	OTHER: 4 Nursi	26. PLA: :ing Home 28c. INJU WOR 1 Ury, offica	Cause give	n In Part H (Check on once 8	PERFO 1 X YES Other (Specify) OESCRIBE HOW LOCATION (Street City or Town, State c cause(a) and m.	RMED? 2 NO INJURY Or and Numb i)	CCURED er or Rura tsted.	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 □ YES ②(□ NO
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if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? EXAMINER? EXAMINER? EXAMINER? EXAMINER OF DEATH Natural 5 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only one) MEI	Pending Investigation Could not be determined PHYSI DICAL EXAMINE	DUE TO d. a contributing to a contributing to a contributing to a contributing to from the part of the part	O(OR AS A CONSECTION OF INJURY — At ho, etc. (Specify) of my knowledge, de examination and/or	DOA 28b. Till in the state of t	OTHER: 4 Nursi ME OF JURY M , street, facto	26. PLA: :ing Home 28c. INJU WOR 1 Ury, offica	Cause give	n In Part H (Check on once 8	PERFO 1 X YES Other (Specify) OESCRIBE HOW LOCATION (Street City or Town, State c cause(a) and m.	RMED? 2 NO INJURY Or and Numb i)	CCURED er or Rura tsted.	AMULABLE PRIOR TO COMPLETTON OF CAU OF DEATH? 1 YES 2\(\) NO all Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach. As find within 79 hours after death with the State Date of Health and Mental Handen enfor to handle community.	IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PITAL	ERAL	T. H.
SOH 3	FUNITE A	RTAN
TH CL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first find within 79 hours after death with the Ceres Dant of Health and Merial Honison order to heifel compation or removal	IMPO

31. DATE FILED (Month, Day, MAR 25

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT			MENTAL HYGIEN REG. NO.		1 09549
1		FREDERICK D.			DEATH	2. DATE OF DEATH, MONTH 3 — 2 1 M	*91 av	EAR 0823 M
200	4. SOCIAL SECURITY NUMBER 127-40-0211	5. SEX 6. AGE (In yrs. lest 1 🔀 M 2 🗆 F 4 0	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-20-5	0	BIRTHPLACE (State or Foreign Country) Alabama
TOR	98. FACILITY NAME (If not institution, give structure) B RESIDENCE OF DECEDENT				ure1	ATH	9c. COUNTY Prin	of DEATH ICE Georges
DIRECTOR		ince Georges						
FUNERAL	106. STREET AND NUMBER 9597 Muirkirk Road 107. ZIP CODE 20708 USA							SA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NOT NOT YES, GIVE WAR OR DATES	10	If yes, spe	ENDENT OF HISPAN acity Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Completed) (Gh life.	CEDENT'S USUAL O ve kind of work done Do NOT use retired.)	during mo	DN st of working	186. KIND OF BUS		TRY
BE COM								
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	20a. METHOD OF DISPOSITION 1 Burlei 2 Gremation 3 X Removal from State 2 Chemation 6 Other (Specify) Calverton National Cem. Calverton NY							
	21. UNINATURE OF FUNERAL SERVICE LICE	Monden				NERAL HO MD 2085		.A.
	23. PART I. Enter the diseases, or shock, or heart failure to immediate CAUSE (Finel disease or condition resulting in daeth)	omplications that caused the daillest only one cause on each line. Septic Sh. SEPTIC S	ock	tha mo	da of dying, suc	h as cardiac or resp	iretory arrest	Approximate Interval Between Onset and Daath
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSECUTION OF A CONSECU		do ^S	taphylo	ococcal y Locce A	L SEP	218
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	OUENCE OF):			_		
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. ACQUIRED IMMUNE DEFICIENCY SYNDROHE MYCOBACTERIUM AVIUM INTRACELLULARE INFECTION 246. WAS AN AUTOPSY FINDING MAILLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 VES 2 NO							COMPLETION OF CAUSE OF GEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Pinpetiant 2 ER/Outpetient 3		R: rsing Hom		6 Other (Specify)		
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At ho	26b. TIME OF INJURY M	1 🗆	YES 2 NO	28d. OEŞCRIBE HOW 26f. LOCATION (Street		
LETED	3 Suicide 6 Could not be detarmined	building, atc. (Specify)				City or Town, State)	
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, de R: On the basis of examination and/or i			leath occured at the	time, data and place, a	nd dua to the o	cause(a) and manner as stated.
TO BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 3-21-91 3-21-91							

NAPOLEON C. MARCELO, MD 9801 GREENBELT RO #212 LANHAM, MD 20706 32. REGISTRAP'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

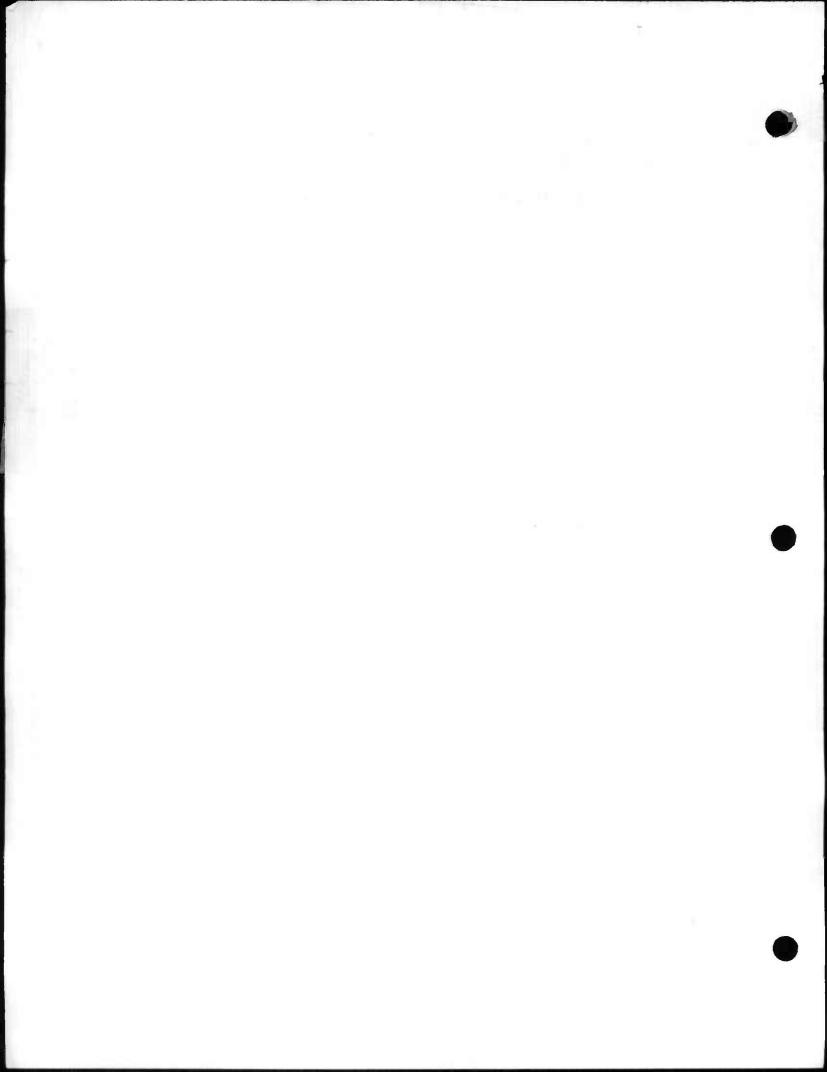
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE EUNERAL DIRECTOR: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be machant in them are in machant and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	1E
		C	ERTIFICATE	OI	F DEAT	ΓH		REG. NO).

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIENE REG. NO.		9 9 9 9 9
1. DECEDENT'S NAME (First, Middle, Last)	GEORGE (A	THAS) ATI	HANASAKO	os S	2. DATE OF DEATH MONTH DAY	7 - 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 224-10-4413				IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 04-15-18	Cou	THPLACE (State or Foreign intry) REECE
98. FACILITY NAME (If not institution, give to ST. JOSEPH	HOSPITA		TOWS	SON	тн	9c. COUNTY OF Baltin	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			OWH OR LOCATIO	N			10d. INSIDE CITY LIMITS?
Maryland Bal	imore	T11	monium 10f. 2	IP CODE		10g. CITIZEN O	1 ☐ YES 2 🙀 NO F WHAT COUNTRY?
102 Galewood Rd	12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DECE		C ORIGIN? (Specify Yes	U.S. or No.— 14. R/	A. A. American Indian, lack, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify:						pacify:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		ilfe. Do NOT use re	done during most		16b. KIND OF BUS		<i>'</i>
17. FATHER'S NAME (First, Middle, Last) Michael Athanasa	kos	Owner			Restaura (First, Middle, Maiden State Angela	Surname)	
198. INFORMANT'S NAME (Type/Print) Michael G. Athas	NOS			Number or Rural R	oute Number, City or Town	, State, Zip Code)	
20a. METHOD OF DISPOSITION 120 Burlel 2 Cremellon 3 Ren	20b. 1	PLACE OF DISPOSITION	ON (Name of ceme	tury commetory or		CATION — City or	Town, State
21. SIGNATURE OF FOREHAL SERVICE LI		ek Oftho	22, NAME, AND RUCK	ADDRESS OF FACTOWSON F	uneral Hon	ne, Inc	
23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused t	the deeth. Do not					Approximata interval Between
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Julya DUE TO (OR AS A C		al	Mee	eling		Onset and Death
Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A C	CONSEQUENCE OF):					
ceuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	C. DUE TO (OR AS A C	CONSEQUENCE OF):					
PART II. Other significent condition	na contributing to death bu	t not resulting in t	the undarlying	cause given in I	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Che	ck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outper	tient 3 DOA 4			B Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOR	RY AT K? S 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif		et, factory, offica		281. LOCATION (Street a City or Town, State)	ind Number or Ru	ral Route Number,
one)	BICIAN: To the bast of my knowle ER: On the basis of examination						se(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	muno			D372	BER (V	29d. DATE SIGI	NED (Month, Day, Year)
30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT		JOSE	PH F	65P. T	out or	1 MD
APR 1 1991	32. REGISTRAR'S SIGNA	TURB AG					



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뿔	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Ř
2	56	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1935 FOR	STATE OF MARYLAND /	NEPARTMENT	OF HEALTH AND I	MENTAL HVCIEN) [09331				
_	1 - STATE REGISTRAR			OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	William H.	As K ew ASK	EW	2. DATE OF DEATH MONTH 0	1991	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last	birthday) F UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	8. (BIRTHPLACE (State or Foreign Country) N. C.				
OR	99. FACILITY NAME (If not institution, give street JOHNS HOPKINS HOSP	·	TOWN OR LOCATION OF DE	N OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	10e. STATE 10b. COUNTY M.D		BALTIN	R LOCATION TORE CITY	CITY 16d. INSI						
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT CO USA										
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	0 1	NAS DECENDENT OF HISPAN I yes, specify Cuben, Mexice YES 2 NO Specify	n, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
	6th Grade Truck Driver 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Melden Sumerne) Lizzie										
TO BE	William Wesley Askew Lizzie 190. INFORMANT'S NAME (TyperPrint) Jasper Baker 190. MAILING ADDRESS (Street and Number or Rural Acute Number, Cate or Town, Spate, Zip Code) 2535 East Oliver St./ Baltimore, Md. 21202										
	20s. METHOD OF DISPOSITION ***Distributed by the state of Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 1101 E. NORTH AVE.										
	23. PART i. Enter the diseases, or complications that caused the death. Do not after the mode of dying, such as cardiac or respiratory arrest, interval Between										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):										
NOI	Sequentially list conditions, If any, leading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST oue to (or as a consequence of):										
	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										
N: N											
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	27. MANNER OF DEATH 1 Detural 5 Pending	Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) 04 01 1991	INJURY OCCUP								
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify) STEPS-1916 HO	ory, office	YES XX NO SUBJECT FELL DOWN STEPS 281. LOCATION (Street and Number of Rural Route Number, City of Town, State) BALTIMORE CITY							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.										
BE	29b. SIANATURE AND TITLE OF CERTIFIER	2	29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year) O9 1991					
2	30. II AME AND ADDRESS OF PERION WHO O	OMPLETED CAUSE OF DEATH ATER	4 27) (Time Print)								

111 PENN STREET

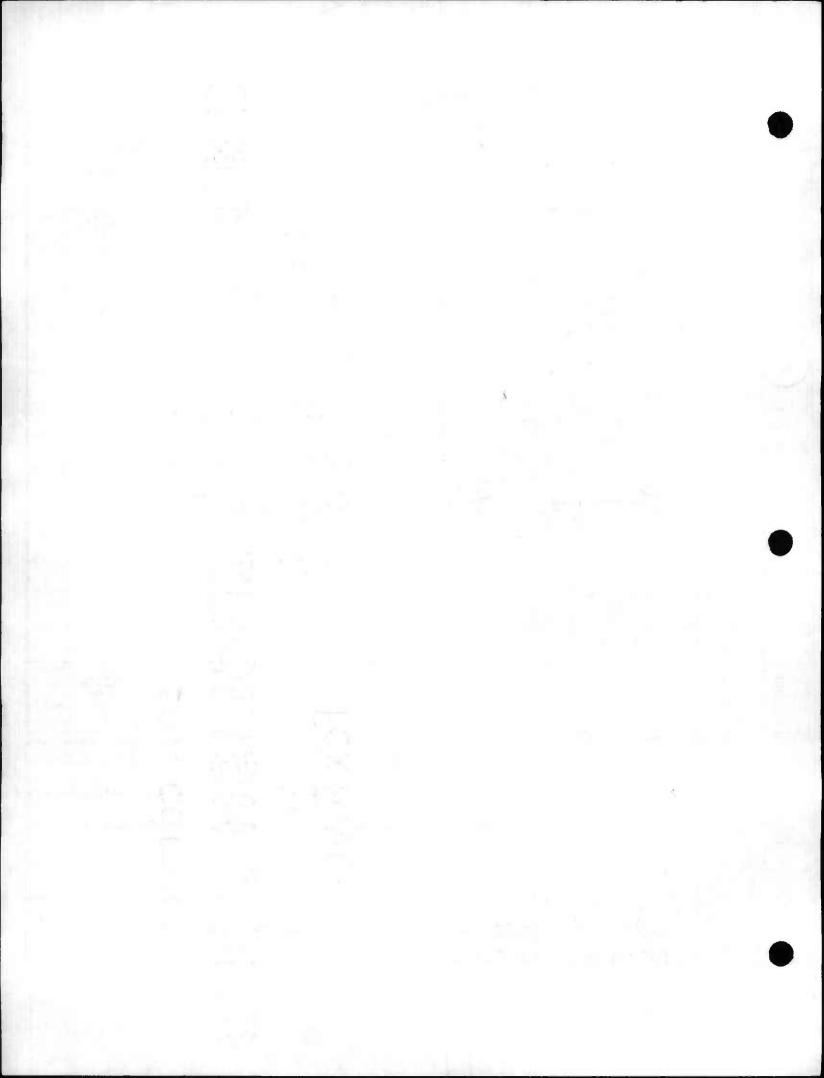
BALTIMORE.

DHMH-18 Rev 1/89

32. REGISTRAR'S SIGNATURE

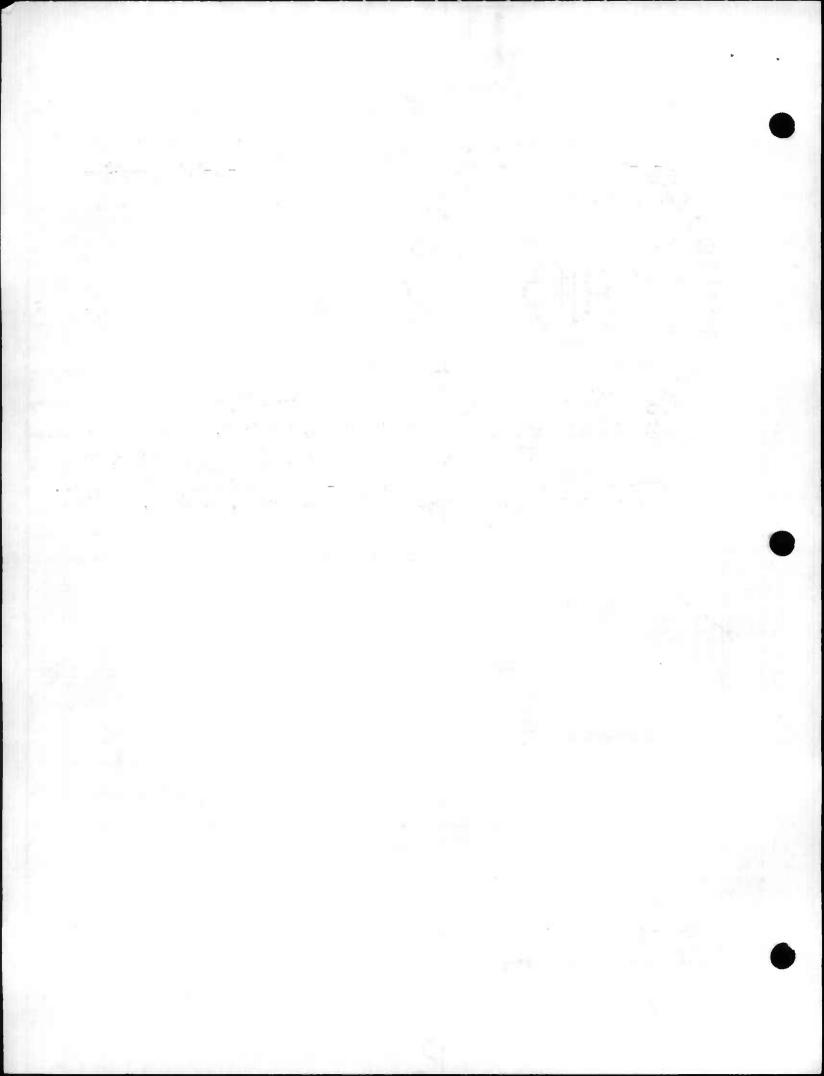
31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
within 4- nours after death.	pietely filled in by the funeral	remation, or removal.	ent, the medical examin
rath certificate be executed v	ttending physician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r, or other traumatic eve
he law requires that the de	e has been signed by the a	te Dept. of Health and Men	m 23 shows any Injury
ATTENDING PHYSICIAN: T	ECTOR; After this certificate	s after death with the Stal	1 28 Is marked, or Ite
TO THE HOSPITAL OR	TO THE FUNERAL DIRI	be filed within 72 hour	IMPORTANT: If iten

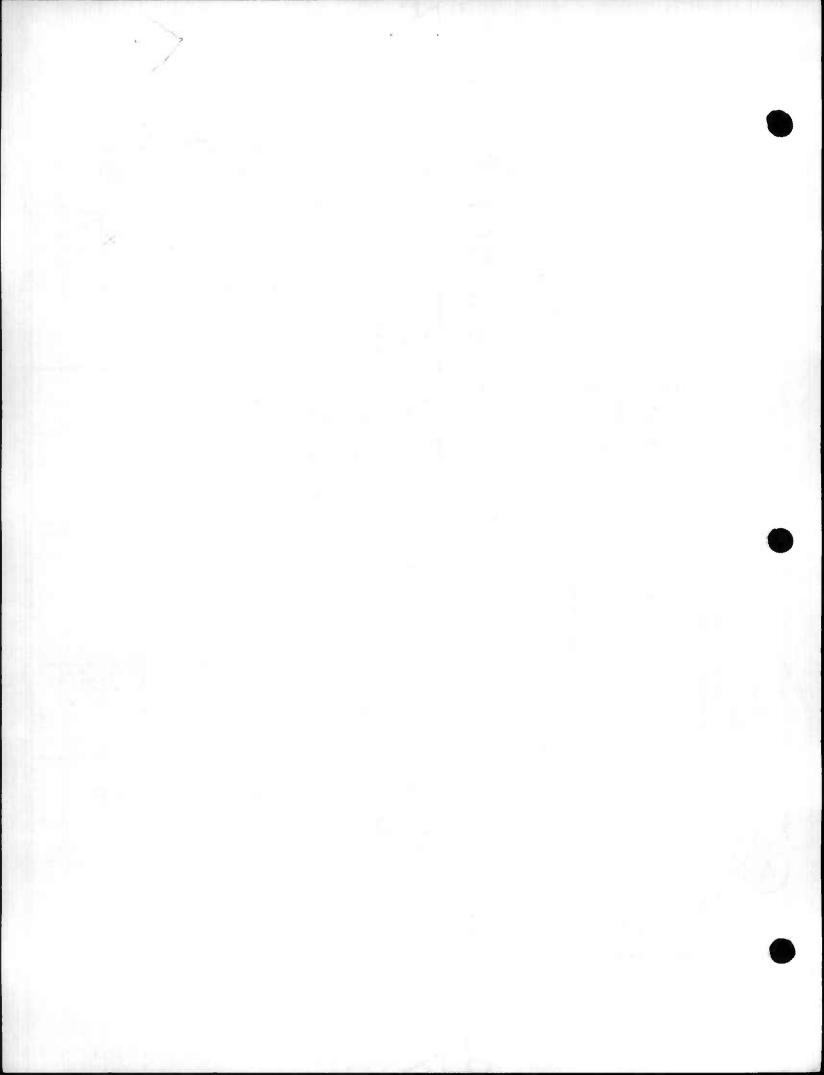
1 - STATE REGISTRAR		STATE OF N	IARYLAND C	/ DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND I		REG. NO	E 9		09552
1. DECEDENT'S NAME (FIRE		RANCES	AUST								YEAR 9	L TIME OF DEATH	
4. SOCIAL SECURITY NUM 228 ≈ 40 ≈ 206		5. SEX 1 M 2	6. AGE (In yrs. I	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE ((Month)	OF BIRTH , Day, Year) = 07=18	-	8. BIRTHPLACE (State or Foreign Country) Virginia		
	9a. FACILITY NAME (II not institution, give about and number) Church Hospital			96. CITY, TOWN OR LOCATION OF DE. Baltimore City								NTY OF OE	
RESIDENCE OF DE				10c, CITY, TOWN OR LOCATION					10d.				IOd. INSIDE CITY LIMITS?
Church Hos FLESIDENCE OF DE 10a. STATE Maryland		timore_		Dundalk							100 CIT		YES 2 NO
8300 Orcha	8300 Orchard Drive 100. ZIP CODE 100. CITIZEN OF WHAT												
11. MARITAL STATUS 1 Never Merried 2				EVER IN U.S. ARMED 13. WAS OCCENDENT OF HISPAN 14. YES 20 XNO 15. YES 20 XNO 16. YES 20 XNO 17. YES 20 XNO 18. YES 20 XNO 19. YES 20 XN				NIC ORIGIN? (Specify Yee or No. 14. RACE -			- American Indien, White, etc.		
	CEDENT'S EDU	CATION		DECEDENT'S				log	16b.	KIND OF BU	SINESS/INI	DUSTRY	
	(Specify only highest grade completed) Elementary/Secondary (0-12) 6th Grade (Give kind of work done during most of working file. Do NOT use retired.) Homemaker Own Home												
17. FATHER'S NAME (First, Ryland Gar			, 6						ME (First, A Colen	Middle, Meider NAU	Surname)		
199. INFORMANT S NAME			-			ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Thatte but										ie. MI			
20g. METHOD OF DISPOSITION 1. Disposition (Name of complex), crematory or 20g. LOCATION — City or Town, so ther place) 4 Donation 6 Other (Specify) — Prize Hill Cemetery 4/12/91. 20g. LOCATION — City or Town, so the Prize Hill Cemetery 4/12/91. Boonesville,										, VA			
21. SIGNATURE OF FUNES	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD 21222										lk, Inc.		
IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to Imm cause. Enter UNDERL CAUSE (Disease or In that initiated events	DUE TO (OR AS A CONSEQUENCE OF): Congestive heart faire Due to (or As A consequence of): Congestive heart faire Due to (or As A consequence of): Congestive heart faire Due to (or As A consequence of): Cause. Enter UNDERLYING CAUSE (Disease or Injury												
	PERFORMED? AM CC T YES 2 NO OF								WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
EXAMINER?		HOSPITAL: 1 Inpatient 2											
27. MANNER OF OEATH 1 Netural 5	Pending Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	ME OF JURY M	W	BC. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURI WORK? 1 YES 2 NO			CCURED				
0 0 0 1 1 1 1 -	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At he building, etc. (Specify)					nome, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
(Critick ormy —	(Check only 1 CHITP-TING PHTSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated.												
296. SIGNATURE AND TIT	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) P 4 9 9												
30. NAME AND ADDRESS	OF PERSON W	CHU	ReH	Ho		AL	/	00	BRO) A DW	H 4		
APR 1 1 19	ni/hear)	32. REGISTA	AR'S SIGNATUR										



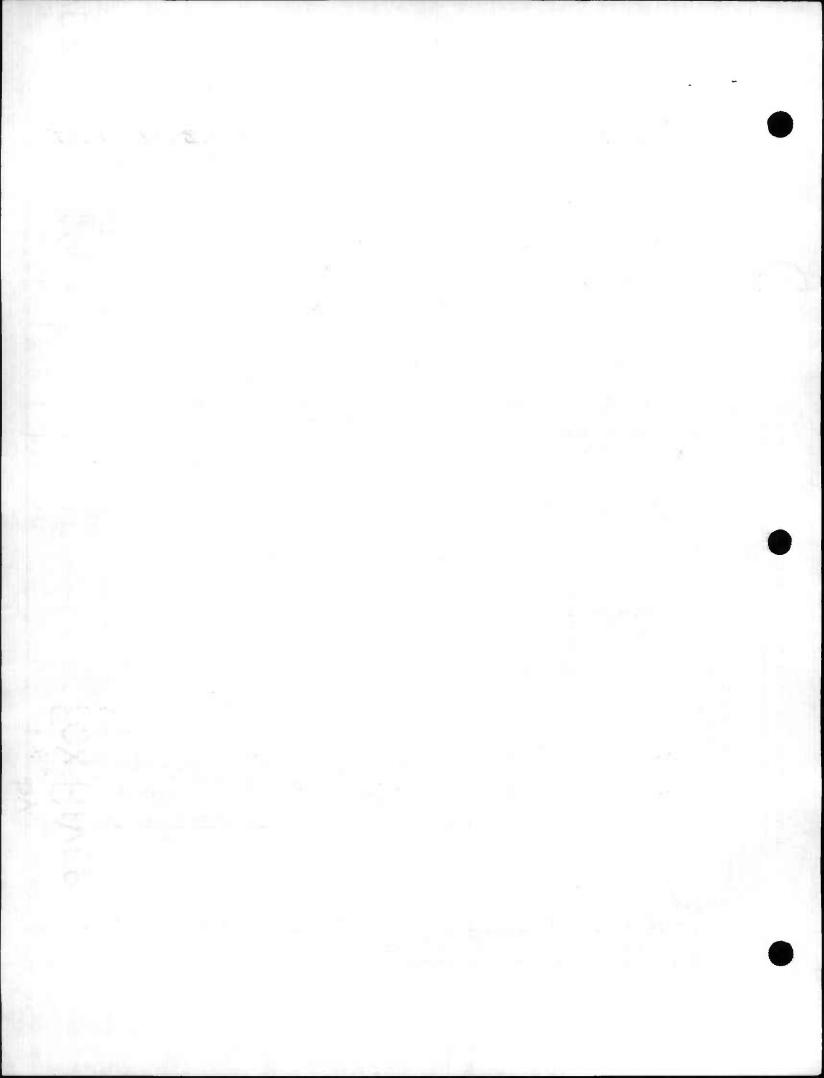
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90	S SEE	untin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	fem
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FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	. 0,000						
1. DECEDENT'S NAME (First, Middle An No.	a Applestein	(ANNA	APPLESTEIN)	2. DATE OF DEATH MONTH, DAY	9 YEAR 2 45 PM						
4. SOCIAL SECURITY NUMBER 219-20-5942	1 🗆 M 2 🗘 F	86 YRS. MC	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/15/1904	BIRTHPLACE (State or Foreign Country) NEW YORK						
9e. FACILITY NAME (If not institution MERCY HOSPITAL RESIDENCE OF DECEDE		91	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE								
	COUNTY		OWN OR LOCATION SALTIMORE		10d. INSIDE CITY LUMITE? 1 1 Tes 2 □ NO						
100. STREET AND NUMBER 4900 YELLOWWO	מת מכ		10f. ZIP CODE 21 209	10g.	10g. CITIZEN OF WHAT COUNTRY?						
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 NO	The second secon		usa 14. RACE — American Indian, Black, White, etc. Specify: WHITE						
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION at grade completed) College (1-4 or 5+)	Ille. Do NOT use n	k done during most of working	186. KIND OF BUSINESS							
17. FATHER'S NAME (First, Middle, L HERMAN SCHWA			LE	AME (First, Middle, Meiden Surner NA STERN							
194. INFORMANT'S NAME (Type/Print MORTON APPLES:	•	19b. MAILING AL 816 B	DORESS (Street and Number or Rura BRUNSWICK RD.,	APT. 1-A BA	LTO., MD 21221						
20s. METHOD OF DISPOSITION 1 Disposition 20b. PLACE OF DISPOSITION (Name of cometary, crematory or 20c. LOCATION — City or Town, State 4 Donetion 5 Dother (Specify) BALTO., MD											
21. SHENDING OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHTY BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD											
IMMEDIATE CAUSE (Final disease or condition resulting in death) A text osciential Disease Due to (or as a consequence of):											
PART II. Other algoriticent on Depress	d	but not resulting in	the underlying cause given in	1 Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N	ANAILABLE PRIOR TO COMPLETION OF CAUSE						
25. WAS CASE REFERRED TO MED EXAMINER?	OTHER:										
27. MANNER OF DEATH 1 Netural 5 Pendir 2 Accident Investi	MANNER OF DEATH See Date Date See Date Date See Date										
29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my know XAMINER: On the basic of examinat			e time, date and place, and due	e stated. to the cause(e) and menner as stated. DATE SIGNED (Month, Day, Veer)						
Dur	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pi	D23	964	4-6-91						
31. DATE FILED (Month, Day, Year)	ffry Gabe	er mo	302 Green	Aring Station	Balto, My 2109)						
APR 1 0 1991	Julia Davidson-D										



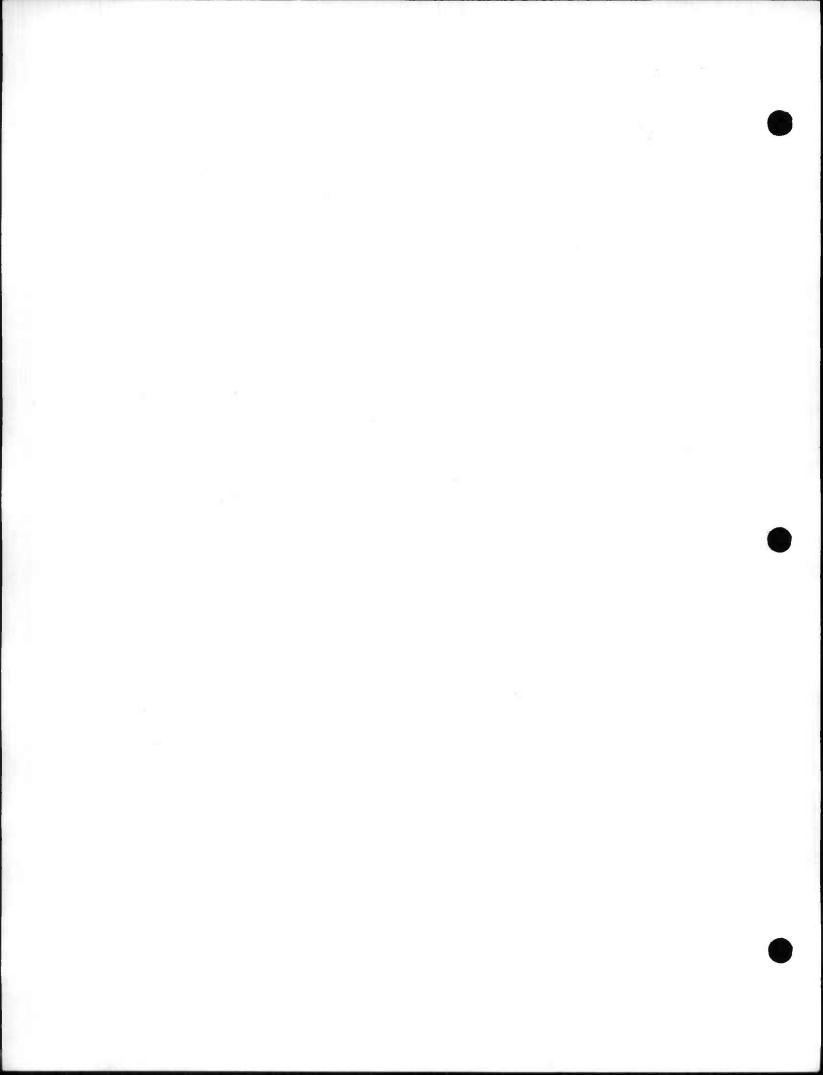
	HEGISTHAH		U	ENIII	ICALE	- OF	DEAL		H	EG. NO.			
	1. DECEDENT'S NAME (First, Mirhia Lest)		BROW	OWN					2. DATE OF DEATH DAY YEAR 3. TIME OF DI				TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-07-7254	5. SEX 1 💢 M 2 🗌 F	8. AGE (In yrs. Id 77	YRS, I I I I I I I I I I I I I I I I I I I			IF UNDER	24 HRS. MIN.	7. DATE OF B		3 BIRTHPLACE (State or Foreign		CE (State or Foreign
OR	9. FACILITY NAME (If not institution, give street end number) UNIVERSITY HOSP.				96. CITY, TOWN OR LOCATION OF DEA				ATH 9c. COUNTY OF DEATH				н
5		RESIDENCE OF DECEDENT											
DIRECTOR	MD .	_	BALTO. CITY							×	d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1537 BUSH ST		° 21230				10g. CITIZEN O			USA	T COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 WMARITAL STATUS 1 Process 1 Yes 2 FORCES 1 Yes 2 FORCES 1 TYPE 1 YES 2 FORCES 1 TYPE 1 TYPE 1 YES 2 FORCES 1 TYPE				MED 13. WAS DECENDENT OF HISPANIC ORK If yes, specify Cuban, Maxican, Puerl 1 VES 2 NO Specify:					ORIGIN? (Specify Yea or No- uerto Ricen, atc.) 14. RACE — A Black, Wh			American Indian, hite, atc.
	15. DECEDENT'S EDUC (Specify only highest grade		16e. D	ECEDENT'S	USUAL O	CCUPATIO	ON of words		16b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 8th GRADE	College (1-4 or 5-NONE	+)	fe. Do NOT u	of work done during most of working T use retired.) CITY FIREMAN					FIRE FIGHTER			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle	a, Maiden	Surname)		
BE C	CHARLES A. BROWN						HEN	RIET	TA				
2	190. INFORMANT'S NAME (Typo/Print) ROSALIE STONESIF		196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 196 MAGOTHY BEACH RD. PASADENA MD. 21122										
	20e, METHOD OF DISPOSITION 1 Auriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	E AND DAT	TE OF OISPOSITION (Name OATE 20c.						OCATION — City of Town, State EN BURNIE MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Stanley M. Loewner 22. NAME AND ADDRESS OF EAGUTTY HOME OF Brook1 237 patapsco ave. 21225								oklyn				
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (oil as a consequence or):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
EDICAL	PERFORMED?								AN CC DI	ERE AUTOPSY FINDINGS AULABLE PRIOR TO MPLETION DF CAUSE F GEATH? STES 2 \(\text{NO} \) NO			
PHYSICIAN: M													acita 2 lino
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	ο.			eck only one)		4		
YS!	DE YES 2 □ NO	1 ☐ Inpatient 2	☐ ER/Outpetlent	3 🗆 DOA	4 🗆 Nu	rsing Hon	no 5 🗆 R	esidence	6 Other (Sc	sectly)	1001	1	TUBUNT
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Netural 5 Pending (Month, Day, Year)					JURY AT DRK? YES 2	≱ •NO	28d. DESCRIBE HOW INJURY OCCUPED AUTO/ AUTO				TO PUTE
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									to Number, ETIMONE CO			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.												
	294: STONATURE AND TITLE OF DEPUTE	A .					29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNEO (M	ionth, Day, Year)
S S	LL-X 70,94						0	CA	TE		Þ 4	1-6-	91
٩	FARELY J. F.	EAE/	SE OF OEATH (I	TEM 27) (Typ	e, Print)	PE.	NN.	57	BM	711	mike	E, r	On
	APR 1 1 1991 Fine Duridon Randelle												



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2	In a	\$
cate be	hysicia	e prinr
certifi	nding s	Hvnien
e death	he afte	Mental
the the	70	Pu
uires tha	signed	Health a
9	рееп	to.
WE SW	has	Dent
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din	the State
PHYS	this c	with
DING	After	cap
ATTEN	CTOR	affer :
DR	DIRE	house
SPITAL	ERAL	5 min
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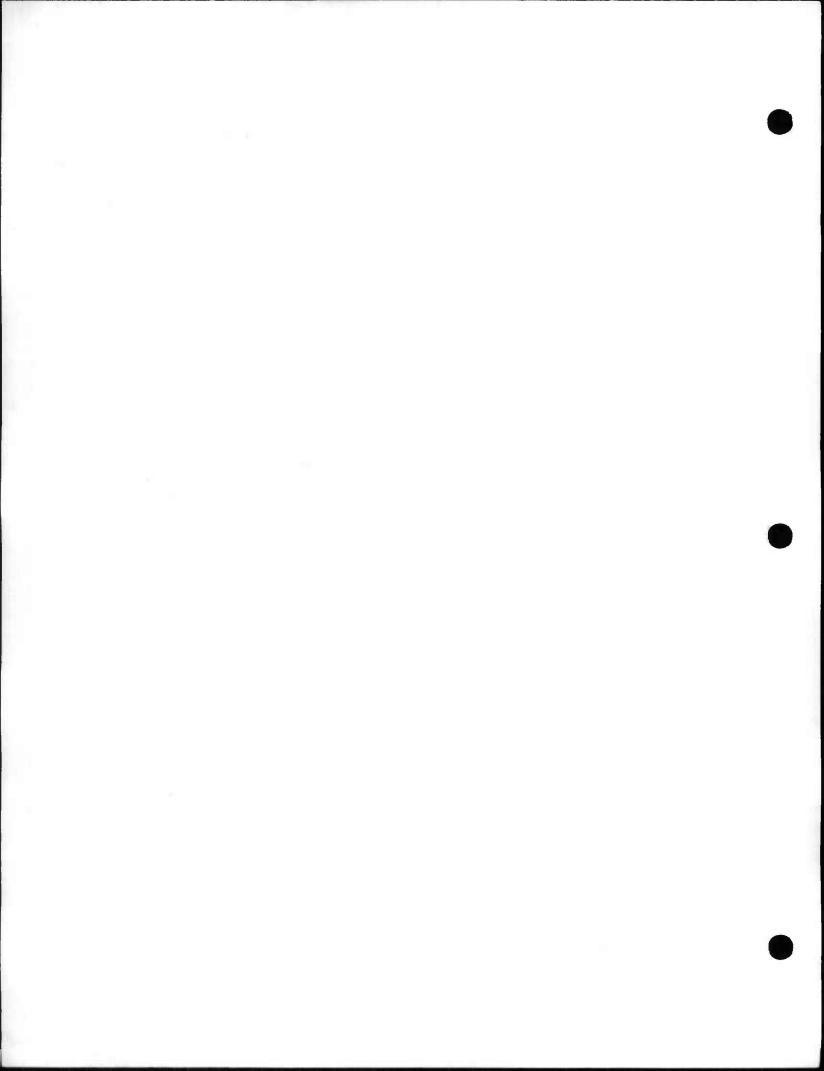
	1. DECEDENT'S NAME (First,	Middle, Last)	BARC	VERN	A RU	TH B/	ARCL	AY		2. DATE OF E	DEATN DA	ŗ	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	ER		AGE (In yrs. In		IF UNDER		IF UNDER	24 HRS.	7. DATE OF B	интн /		6. BIRTN	IPLACE (State or Foreign
	219-32-093	19	1 🗆 M 2 🖫 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De)	26/19	ana	Pont	nsylvania
	9e. FACILITY NAME (If not in	-	treet and number)	0/		9b. CITY	, TOWN	OR LOCATION	ON OF DE		20/1.		INTY OF D	
DIRECTOR	Harbor Hos		Center			Ba	ltim	ore					N/A	
<u> </u>	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION						IOd. INSIDE CITY
8	Maryland	N/A			Ba	ltimo	ore	(Cur	rtis	Bay)				LIMITS? 1 X YES 2 NO
4	10e. STREET AND NUMBER							1. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
ER.	1437 Loc	ust S	treet,					2	21226	5			US	SA
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT E			13.	WAS DE	CENDENT C	F NISPAN	IIC ORIGIN? (S	pecify Yee	or No-	14. RACI	— American Indian, k, White, etc.
BY F	1 Never Merried 2 3 Wildowed 4 Divo		IF YES, GIVE WAR					2 XNO			, 410.7		Spec	
B	15. DEC	EDENT'S EDU	CATION	16e. Di	ECEDENT'S	USUAL O	CCUPATI	ON	200	16b, KIN	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondery (0		College (1-4 or 5+)	in	Sive kind of a. Do NOT u			uat or workin	עיי					
J P	12th				Home	emake	er				Hous	sewi [°]	fe	
COMPLETED	17. FATNER'S NAME (First, M	liddle, Last)								ME (First, Middl				
BE	Elmer		Schrock						ora	Pri			chro	ck
2	19e. INFORMANT'S NAME (1.40	16						Route Number, C				
-	Mrs. Virgi		. Law	T						Arnol				
	20e. METHOD OF DISPOSIT	on 3 🗆 Rem	noval from State	20b. PLACE	ar H	SITION (N	ame of co	+ o vou	natory or				- City or To	
	4 Donation 5 Other		CENSEE Vous	n E. E	ar n	22	NAME A	ND ADDRE	SS OF FA	CILITY	Dd	LIMI	ore,	Maryland
	X-	5 8/	2 Kevi		cker	Mc 23	Cul 37 E	ly Fi . Pat	inera	AT Home	of . Ba	Bro alto	oklyr Mo	n d. 21225
	23. PART L'Enter the d					_								Approximata
	IMMEDIATE CAUSE (FI		List only one ceuse											Onset and Death
	disease or condition a. A S C V D DUE TO (OR AS A CONSEQUENCE OF):													
_		_	•		,	•								i h
CERTIFICATION	Sequentieily liet conditions if any, leading to imme		DUE TO (O	R AS A CONSE	EOUENCE C	PF):								
CAT	cause. Enter UNDERLY	ING	a My	OCARD	IAL	111	FAR	C770	N					
Ě	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
띪	resulting in death) LAST													
	PART II. Other algolfice	ent conditio	na contributing to di	eath but not	resulting	in the u	nderlyli	ng cause	given in	Part i. 24	. WAS AN		/ 24	. WERE AUTOPSY FINDINGS
MEDICAL							9				PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
										— ''	_ TES 2			OF DEATH? 1 YES 2 NO
										2				
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL					28. 1	PLACE OF I	DEATH (Ch	eck only one)				•
Sic	EXAMINER?		HOSPITAL:	R/Outpatient	3 DOA	OTHE 4 - Nu		me 8 🗆 R	lesidence	8 Other (S)	pecify)			
Ŧ	27. MANNER OF DEATN		28e. DATE OF IN (Month, Day,	JURY	28b. TI	ME OF	28c. IA	JURY AT		28d. DESCRI	BE NOW I	NJURY O	CCURED	
ВУ Р	1 3	Pending Investigation	(Morier, Day,	roary	"	M		YES 2	_ NO					
	• D • 1115	Could not be determined	28e. PLACE OF building, et		nome, lerm,	street, fa	ctory, off	Ice			ON (Street own, State)		er or Ruml	Floute Number,
Ш	AND CERTIFIED									L				
COMPLETED	(Check only		BICIAN: To the best of m IER: On the basis of axa											a) and menner se stated.
	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER	-				29c. LIC	ENSE NUI	MBER		29d. D/	ATE SIGNE	D (Month, Day, Year)
BE			1 Am	-AI	lisoN							•	41	17/91
2	30. NAME AND ADDRESS O		MO COMPLETED CAUSE	OF DEATH (IT		e, Print)							1	1/1/
		RBOR	HOSPITH	El El	MERG.	CNICY	DE	0					/	
	31. DATE FILED (Month, Day)	1991	Se AEGISTRAM	SIGNATURE	ndelle	,								



ansit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 213

	1 - STATE REGISTRAR	CERTIFIC	ATE OF D	EATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH	YEAR	3. TIME OF DEATH				
	JOHN JOSH	BURSE			4-9-	-1997	7.30 AM				
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AC			NINE MIN	DATE OF BIRTH (Month, Day, Year) 9-13-04	Cour	THPLACE (State or Foreign nitry)				
	9a. FACILITY NAME (If not institution, give street and number)	96	. CITY, TOWN OR I	OCATION OF OEATH		9c. COUNTY OF	DEATH				
OR I	Bon Secour Hospital	E	Baltimo	re							
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		OWH OR LOCATION				10d. INSIDE CITY				
DIRECTOR	MD 100. COORTY		imore				1 A YES 2 NO				
ERAL	100. STREET AND NUMBER 2507 W. Fayette St			2 2 3			S A				
BY FUNERAL		ES 2 X NO	If yes, specif	DENT OF HISPANIC (k Cuban, Mexican, P A NO Specify:	ORIGIN? (Specify Yes ruarto Rican, atc.)	Bla	CE — American Indian, lick, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		done during most optimed.)		16b. KIND OF BUS	INESS/INOUSTRY					
릴		Bethleh	em Ste	e l	1						
CON	17. FATHER'S NAME (First, Middle, Last) Willie Burse				(First, Middle, Meiden t Bagby	Surnama)					
8	10. INFORMANT'S NAME (Timo/Print)	19b. MAILING AD			le Number, City or Town	n, State, Zip Code)	-				
٩		2507 W	. Faye	tte St.	Baltim	ore, M					
	20y. METHOO OF OISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE OF DISPOSITION (Control of the place) WOO		ry, crematory or Cemeter		timore					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	210.11			own Jr.						
	Craciacia 10.1	concen			imore S						
	23. PART I. Enter the diseases, or complications that caushock, or heart fellure. List only ons cause of IMMEDIATE CAUSE (Final disease or condition		0	-	a cardiac or respi	ratory arreat,	Approximeta Interval Between Onset and Death				
- 1	disease or condition a. Molastatic Cancer Colon. DUE TO (OR AS A CONSEQUENCE OF):										
NO	blo.	COLCLOV	ny.	Asci	les						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	nephre	Sis	07 K	idne	4.					
RTIF	that initisted events resulting in death) LAST	AS A CONSEQUENCE OF):		U		/					
8											
DICAL	PART II. Other aignificant conditions contributing to dest	h but not resulting in	tha undarlying o	ause given in Pa	rt I. 24a, WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
음	<u> </u>				_ 1 [] YES 2	□ NO	OF DEATH?				
ME					_		1 TYES 2 NO				
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	10	26. PLAC	E OF DEATH (Check	only one)						
YSI	1 YES 2 NO 1 Inpetiant 2 ER/	Outpatient 3 DOA 4	☐ Nursing Home	5 Realdence 6							
ВУ РН			Y WORK		ed. DESCRIBE HOW	INJURY OCCURED					
		URY — At home, ferm, stre 'Specify)	et, factory, offica	21	St. LOCATION (Street City or Town, Stete)		al Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my k				managed to the managed to		e(a) and manner as stated.				
8	296. SIGNATURE AND TITLE OF CERTIFIER	aneni		D 30	661	29d, DATE SIGN	EO (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF	NEN (Type, P	rint) Bo	n See	cours	Hos.	pital.				
	31. DATE FILED (Month, Day, Year) APR 1 1 1991 June Day day	SIGNATURE COL					-				
	H [31 - 13 - 40 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1										



an frame permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 cours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	FOR STATE REGISTRAR		STATE OF N	MARYLA				EALTH AND I	MEN	REG. NO.	E		
	1. DECEDENTS NAME (First	, Middle, Last)	Burde	2 He	>					DATE OF DEATH	991	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	177.75	5. SEX	6. AGE (In	yrs. last birthday)		EAR AYS	IF UNDER 24 HRS. HOURS MIN.	7. 1	ARCH 15,		8. BIRTH	PLACE (State or Foreign SHINGTON, D.C.
	215-44-414(9a. FACILITY NAME (# not in		A	4'	/	9b. CITY, TO		OR LOCATION OF DE	EATH	ARCH 15,		NTY OF D	EATH
DIRECTOR	Shady C-	rove.	Adver	ntis	+ Ho	tp.	R	OCKVILLE				IOM	NTGOMERY
JHE.	MD.	MONT(y GOMERY		10c. CI	TY, TOWN OR		ILLE					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
	10a. STREET AND NUMBER 17713 HOI			IVE			_	f. ZIP CODE			10g, CIT		YHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 7 3 Wildowed 4 Dive	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN	2 NO	If y	oa, ap	20855 CENDENT OF HISPAR Hecity Cuban, Maxica 3 2 XNO Specifi	in, Pu		or No—	US 2 14. RACE Black Speci	— American Indian, c, Whita, atc.
9		CEDENT'S EDU			16a, DECEDENT' (Give kind o	work done duri				16b. KIND OF BUS	BINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (1	0-12)	College (1-4 or 5	+)	iite. Do NOT	use retired.) EMAKER	,			HOME			
0	17. FATHER'S NAME (First, A	Aiddle, Last)	·		1101		_	16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE	JOSEPH	NATO	LI					ANTO			DeL		
2	JOSEPH I	BRYAN	BURDETTI	2	100		itreet 10	and Number or Rural	Route	Number, City or Tow	n, State, Zi	p Code)	
	20a METHOD OF DISPOSIT 1 Buriel 2 Cremeti 4 Donation 5 Othe	FION on 3 - Rem		20b.	PLACE OF DISP	OSITION (Name	of ca	metery, crematory or				City or To	wn, Stata VIRGINIA
-	21. SIGNATURE OF FUNERA		CENSEE	- B	URDETTE	22. NA	ME A	ND ADDRESS OF FA	CILIT	Υ			VIRGINIA
	Muli	el H	Barl	ler	/			L H. BAR					VILLE MD 208
shock, or heart fallure. List only one cause on each line.							Approximats Interval Batween Onset and Death						
CERTIFICATION	Sequentielly list condi- if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	ring ury	с		CONSEQUENCE							_	
PHYSICIAN: MEDICAL C	PART II. Other signific	nate condition		Mediath bu		g in the unde	rlyli	ng csuse given in	Pari	24a. WAS AN PERFOR	RMEO?	246	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO
S	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	AGSPITAL:			OTHER:		PLACE OF DEATH (C)					
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE O		z6b. T		6c. IN	JURY AT ORK? YES 2 NO	_	d. DESCRIBE HOW	INJURY O	CCURED	
LED BY	2 Accident	Could not be determined	28e. PLACE building	OF INJURY	At home, farm				26	f. LOCATION (Street City or Town, State)		er or Rurel	Route Number,
COMPLETED	const. Only		SICIAN: To the beat of										a) and manner as stated.
TO BE CO	29b. SIGNATURE (NO TITE	E OF CERTIFIE	the	Lys	rician)		29c. LICENSE NU	WBEI	717	29d. DA	OF	(Month, Day, Year)
⊢ I	30. NAME AND ADDRESS (OF PERSON WI	HO COMPLETED CAL	JSE OF DEA	TH (ITEM 27) (%	ne Printi		1 - 0				/-	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYDA, PRINT)
RAHVL GILDTRA M.B. 10620 GEORGIA ME #218 S.S. L.B.

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
APR 1 1 199

Ī • 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	RECORDS,	P.O. BC	X 6876	30,	BAL	BALTIMORE, MARYLAND 21215-0020	E, M	PAC	AND	1215-0	020
TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the social physicial phys	requires that the dea	th certificate	be executed	within 24 no	urs after dear	h. Page 6 m	ay be reta	To the	f yegal	ar mending	physicia
TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shown as unfairmed in one as the burial-to	en signed by the att	ending physic	ian and com	pletely filled	in by the fun	eral director,	page 5 sh	onumbe o	Haching &	r was as the	: burial-ti
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	of Health and Menta	Hygiene pri	or to burial,	cremation, or	r removal.			/	1		
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	shows any injury,	or other tr	aumatic ev	ent, the m	edical exa	miner must	be noti	fled at o	once.		

31. DATE FILEO (Month, Day, Year)

1991

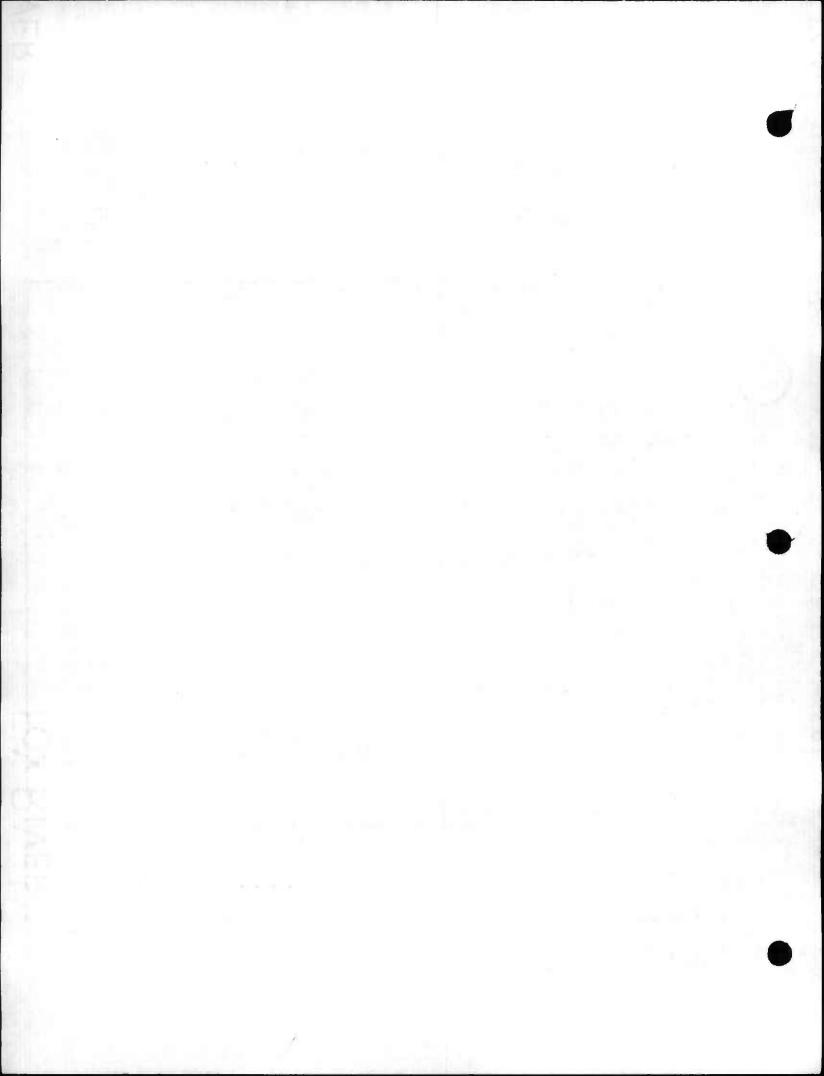
APR

32. REGISTRAR'S SIGNATURE

Sia Davidson

Post and intending physician.

		91	-1960-5	10		91	09558
1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIENE REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last) ROBERT	LEROY		LLIER		2. DATE OF DEATH MONTH DAY		
4. SOCIAL SECURITY NUMBER	5. SEX 8. /	AGE (In yrs. lest birthday) 40 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURIN MIN.	04 10 7. DATE OF BIRTH (Month, Day, Year) 4/29/51	8. B	OT 5:40 A. IRTHPLACE (State or Foreign ountry) A CO., Md.
216 52 0694 9e. FACILITY NAME (If not institution, give s	street and number)			OR LOCATION OF D	EATH	9c. COUNTY	OF OEATH
DEATON MEDICAL CI	ENTER		BAI	TIMORE C	ITY	N/	'A
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c, Cf	TY, TOWN OR LOC	ATION			10d. INSIDE CITY
Md.			Balti	more			LIMITS?
100. STREET AND NUMBER 1601 Booker Ct			1	or. ZIP CODE 21217		10g. CITIZEN	OF WHAT COUNTRY? U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 24 NO	If yes,		NIC ORIGIN? (Specify Yes en, Puerto Ricen, etc.) fy:		RACE — American Indian, Black, White, etc. Specify;
15. DECEDENT'S EDU		16a. OECEDENT	S USUAL OCCUPA	TION	16b. KIND OF BUS		ack
(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of life, Do NOT	work done during of	noat of working	Resta	urant	
17. FATHER'S NAME (First, Middle, Last) Robert T.	Collier			18. MOTHER'S NA	ME (First, Middle, Maiden) Tie Mae F	obert	son
194. INFORMANT'S NAME (Type/Print) Willie Mae Chr	istopher	19b. MAJLIN 160	a ADDRESS STORE	er Ct.	Route Number City or Town Balto.,	Md · Z	1217
20e. METHOD OF DISPOSITION 1	noval from State	20b, PLACE ANO OA' of cemetary, cremato King N	re of disposition of or other place)	n (Name		ation - city	
21. SIGNATURE OF FUNERAL SERVICE LI		ton	Jame	AND ADDRESS OF FA	rton & Sc	ns to.,	Md. 21217
23. PAR I. Enter the diseeses, pr shock, or heart fellure. IMMEDIATE CAUSE (Final diseese or condition resulting in deeth)	a. MULTIPLE //	on eech line.	H COMPL		ch as cardiec or respi	ratory arrest,	Approximate Interval Betwo
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE					
	d						İ
PART II. Other algorificent condition ACQUIRED IMMUNE			in the underly	ing cause given in	1 Part i. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDH MALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)		
1 X YES 2 □ NO	HOSPITAL: 1 X inpatient 2 □ EF	NOutpatient 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 ☐ Other (Specify)		
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day,		NJURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUR	EO
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	, street, factory, of	fice	281. LOCATION (Street a City or Town, State)	and Number or F	tural Route Number,
one)					e to the cause(e) and man		use(e) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE AND TITLE OF CERTIFIE	Dryh-MD			O . C .			GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE			REET BALT	IMORE, MARYI	LAND 21	201

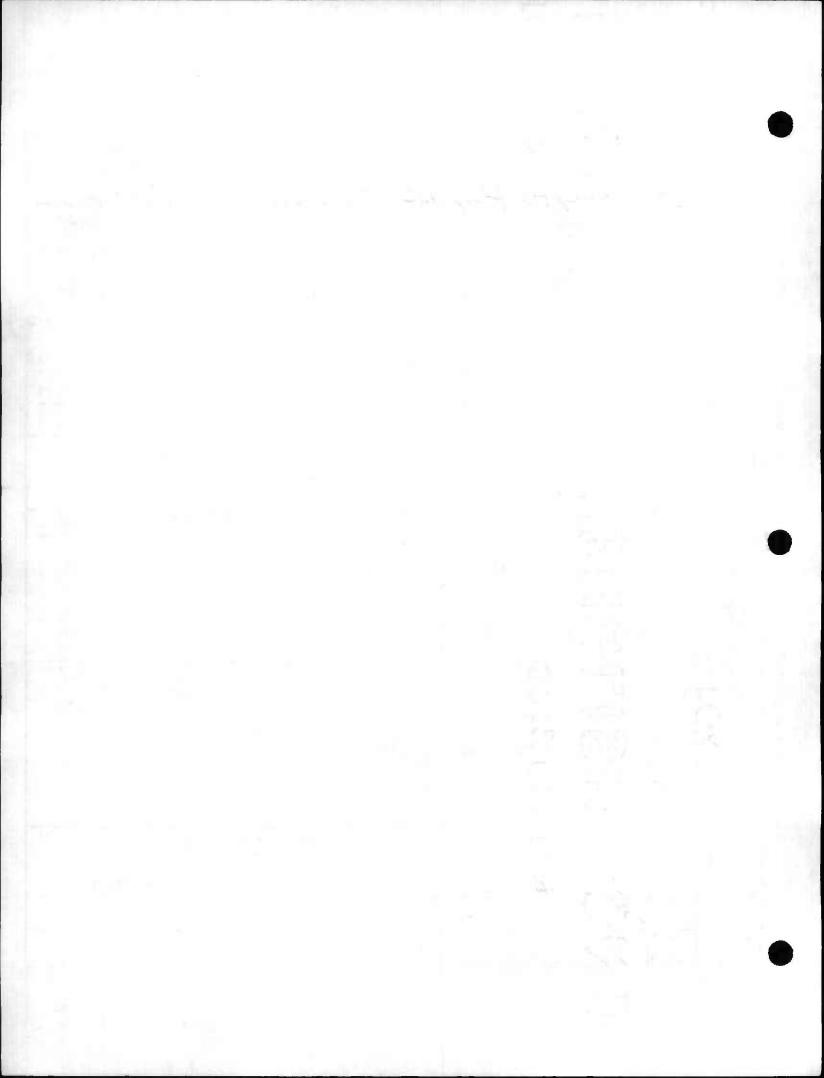


DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit. Pages 1, 2, 3 should be detached for use as the bijust transit permit be notified at once 1.
6 may ctor, pay

31. DATE FILED (Month, Day, Year)

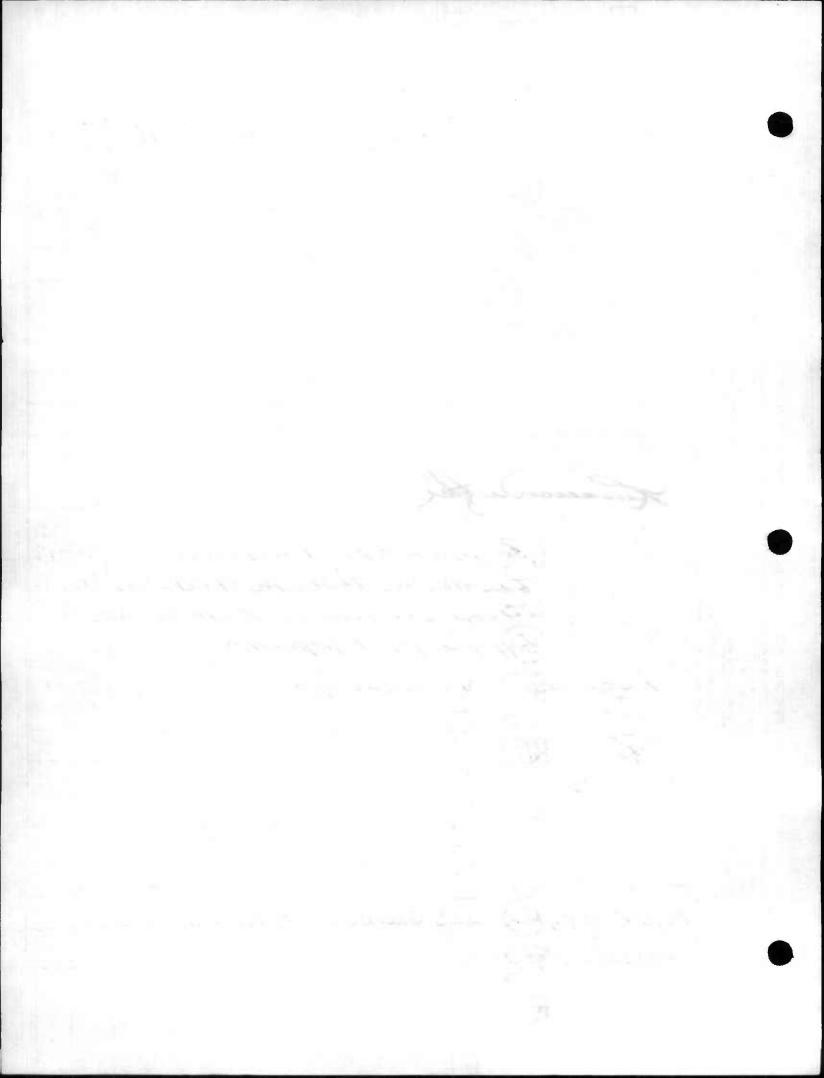
APR 1 1 1991

FOR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH A	ND MENTAL	HYGIENE		0955					
1 - STATE REGISTRAR	SIAIL OF MARIL		ATE OF DEATH		REG. NO.							
1. DECEDENT'S NAME (First, Middle, Lest	PE. Cons	0/1		2. DATE O	F DEATH DAY	YEAR 91	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)F	UNDER 1 YEAR IF UNDER 24 ITHS DAYS HOURS I	MIN. (Month,	F BIRTH Day, Year) 2,1891	8. BIRTH Country Ita						
90. FACILITY NAME (If not display that ion, give 57 s JOSE,		eital 90.	TOWSO			OUNTY OF DE						
RESIDENCE OF DECEDENT 106. COUNT 106. STATE 106. COUNT Balt	timore		own or Location timore				10d. INSIDE CITY LIMITS? 1 YES 2 NO					
10e. STREET AND NUMBER 6904 Lachlan Cir			10f. ZIP CODE 21239)	10g. C	Italy	WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (XNO	13. WAS DECENDENT OF If yee, specify Cuban, 1 YES 2 NO	HISPANIC ORIGIN?	(Specify Yee or No- can, etc.)	14 BACE	— American Indien, c, White, atc.					
16. DECEDENT'S EC (Specify only highest gre Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re-	done during most of working tired.)		RIND OF BUSINESS! Building	INDUSTRY						
17. FATHER'S NAME (First, Middle, Last)			16. MOTHE	R'S NAME (First, Mi	ddle, Meiden Surneme)						
Orazio Consoli				nela Fic								
190. INFORMANT'S NAME (Type/Print) Carmela Saita		6904 L	oness (Street and Number or achlan Circl	e Apt.	J. Balt	co., N						
20e METHOD OF DISPOSITION 1 Description Method Burlet 2 Cremetion 3 Recorded Donation 5 Other (Specify)	Pā	p. PLACE AND DATE OF cometary, crematory or c RIKWOOD CEI	metery	4/1	20c. LOCATION 2 Parkv							
21. SIGNATURE OF FUNERAL SERVICE	Delan		Johnson Fu 8521 Loch	neral H		lto.,	MD 21204					
23. PART I. Enter the diseases, o shock, or heart felium iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one ceuse on e	ech line.			ec or respiratory	arreat,	Approximate interval Betwee Onset and Dea					
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. CAUT DIFF (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 100 OF DE 1 1												
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEA	TH (Check only one	»)		6/					
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: Nursing Home 5 - Resi	dence 8 🗆 Other	(Specify)							
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 28c. INJURY AT WORK? M 1 VES 2	Section 2	CRIBE HOW INJURY	OCCURED						
3 Suicide 8 Could not I	building, atc. (Spe	Y — At home, farm, stre- city)	et, factory, office		ATION (Street and Nur or Town, State)	nber or Rural	Route Number,					
CONSON ONLY	YSICIAN: To the best of my know INER: On the basic of examination						s) and manner as stated.					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Morrith, Day, Year) 10/9/												
30. NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type, Pri	int)									
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE										



ng physician.	he bur alement penner Pages 1, 2, 3 should	
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	RECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn annual manner. Pages 1, 2, 3 should have death with the State Derf. of Health and Mental Monitor brinal commands. Commands	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After this Ce	IMPORTANT: If Item 28 Is marked,

	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT 0			MEI	NTAL HYGIEN REG. NO	_	U	9560
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH			3. TIM" OF DEATH
	2000		DOROT	HY JA	NE CAH	ILL		A	PRIL 10,	199	YEAR	11:50 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i	last hirthday)	IF UNDER 1 YE	AR IF UND	R 24 HRS.	-	DATE OF BIRTH			HPLACE (State or Foreign
		1 □ M 2 🕏 F		YRS.		YS HOURS			(Month, Day, Year)		Coun	try)
	322-09-5400 A	Λ	77	ina.					PRIL 20,			LINOIS
~	9e. FACILITY NAME (If not institution, give st					WN OR LOCAT		EATH		9c. COU	INTY OF	DEATH
DIRECTOR	UNIVERSITY HOSPIT	AL			BAL	CIMORE						
5	RESIDENCE OF DECEDENT 10e, STATE 10e, COUNTY			T 40 - 017	Y, TOWN OR L	0.0471011		_	· 			
2				-								10d, INSIDE CITY LIMITS?
100		IARD		EL.	LICOTT							1 TYES 2 NO
3	10e. STREET AND NUMBER					101. ZIP CO	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
NEBAL	3004 N. RIDGE ROA	D APT.	222			21	043			U.S	S.A.	
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED					RIGIN? (Specify Yes	or No-	14. RAC	CE — American Indian, ck, White, stc.
F	1 Never Married 2 Married	IF YES, GIVE W	YES 2 AR OR DATES	Хио		s, specify Cut YES 2 XNC			ierto Rican, etc.)		Spe	
BY	3 Widowed 4 Divorced					-W		,				WHITE
8	15. DECEDENT'S EDUC		16a, I	DECEDENT'S	USUAL OCCU	PATION			16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	1	te. Do NOT u	work done during retired.)	g most of worl	dng					
7	12			MEMAK	ER				OWN	HOM	E	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)					18 MO	THER'S N	AME (First, Middle, Maiden			
										Summer		
BE	WILLIAM MARTIN 190. INFORMANT'S NAME (Type/Print)								WESSEL	-		
ဥ	Contract of the last of the last of	(=>							Number, City or Tow			D 210/5
	JOHN P. CAHILL	(SON)		0913	TAMAR	DRIVE	AP	Ι.	301,COL			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Coremation 3 Remo	wal from State			E OF DISPOSIT			1	OATE 20c. LO	CATION —	City or 1	Town, State
	4 Donetion 5 Other (Specify)		METR	CRE	MATORY			4/	13/91 BA	LTIM	ORE,	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	//		22. NAN	E AND ADDR	ESS OF F					NERAL HOMES
	Kusace	ande	the	1								
-	10		1	_	555	5 TWIN	KNO	LL	S ROAD, C	OLUM!	BIA,	MD.21045
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reapiratory arreat, ehock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To for As A CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF):											
토	resulting in deeth) LAST	Lyn	20200	WIT	1ch	ym1	120	77	7A			1
		-	7	1								
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	70 F	t resulting	RAL	Sp. A	given ir	Pan	t I. 24a. WAS AN PERFO	RMED?	24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
AK	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DEATH (C	heck o	only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Home a 🗆	Residence	A	Other (Specify)			
¥	27. MANNER OF DEATH	28e. DATE OF		28b. TII		c. INJURY AT	residence	1	d. DESCRIBE HOW	INJURY O	CCURED	
	Natural 5 Pending	(Month, D	lay, Year)	IN	JURY	WORK?		"	a. Degornoe from		OOOTILD	
BY	2 Accident Investigation						□ NO	\vdash				
	3 Suicide 8 Could not be		of INJURY At otc. (Specify)	home, ferm,	streat, factory,	office		281	f. LOCATION (Street City or Town, State		er or Rura	I Route Number,
E	4 Homicide determined											
COMPLETED	one)	CIAN: To the best of R: On the bests of e										r(s) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	SUN				29c, Li	CENSE NU	JMBEI	R	29d, DA	TE SIGNE	(Month, Day, Year)
٥,	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (I	TEM 27) (Typ	o, Print)	3-	R	1	J.M	0		201
	21 DATE EN ED Aleman On Want	1000000	ل عليات	. 02	xxxv e	/	1	+7	4.11) =	2/-	101
	31. DATE FILED (Morth, Day, Year) APR 1 1 1991 4	Savidson	AR'S SIGNATURE	2								
			7									



40 P.M. Foreign

2

BALTIMORE, MARYLAND 21203-3146

must examiner medical the other traumatic event, 6 injury, shows any TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law it TO THE FUNERAL DIRECTOR: After this certificate has be to filed within 72 hours after death with the State Dept.

IMPORTANT: If Item 28 is marked, or Item 23 s

HOSPITAL DR ATTENDING PHYSICIAN:

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 9

	FOR	CTATE OF I	AADVI AND /	DEDAG	TRATAL	. 05 1	IFAITU	AND N	APAITAL UVOICA	ır	91	0956			
	1 - STATE REGISTRAR	SIAIE OF I	CE	RTIF	ICATE	OF	DEA	TH	MENTAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle	e, Last)	THOMA	SJ.	CON	IOR	SR.	1	2. DATE OF DEATH MONTH APRIL 8,	1991	YEAR	3. TIME OF DEATH 4:40			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)			IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIHTH Countr	PLACE (State or Foreign			
	215-09-4994	1 M 2 🗆 F	87	YAS.	MONTHS	DAYS	HOURS	MIN.	JAN. 26,1	904	3.55(15)	,, ARYLAND			
	9e FACILITY NAME (If not institution	n, give street end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			NTY OF D				
DIRECTOR	ST. AGNES HOS		-		I	BALT	IMOR	E							
Ĕ	10e. STATE 10b.	COUNTY		10c. CIT	Y, TOWN E	R LOCA	TIDN					10d. INSIDE CITY			
DIRI	MARYLAND BALTIMORE CAT						LLE					1 YES 2 NO			
A	10e. STREET AND NUMBER					H. ZIP CDD	E		10g. CIT	ZEN OF Y	VHAT COUNTRY?				
FUNERAL	340 WHITFIELD		21228				U								
BY FUN	11. MARITAL STATUS 1 Never Married 2 XMerri 3 Widowed 4 Divorced	NT EVER IN U.S. AR I YES 2 XI MAR OR DATES	MED		If yes, sp		en, Mexicen	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No—	14. RACE Black Speci	E — American Indian, c, white, etc. WHITE				
TED	(Specify only high	T'S EDUCATION est grade completed)	(G	ive kind of	Work done		ION ost of worki	ing	16b. KIND OF BU	JSINESS/IN	DUSTRY				
COMPLETED	Elementary/Secondery (0-12) 1.2	College (1-4 or 5	+)	ERK	,				OFFICE	EQUI	PMENT	DISTRIBU			
ő	17. FATHER'S NAME (First, Middle,	Last)					18. MOTHER'S NAME (First, Middle, Melden Surneme)								
BE C	THOMAS J. CO					M	IARGA	RET CULLE	N						
11	40. INFORMANTIO NAME (Time/Or	NEDOMANT'S NAME (Time(Print))								and all the second seco					

IBUTO THOMAS J. CONNOR MARGARET CULLEN 19e. INFDRMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Yown, State, Zip Code) PEARL E. CONNOR (WIFE) 340 WHITFIELD ROAD, CATONSVILLE, MARYLAND 21228 20a. METHOO OF DISPOSITION
1 N Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 28c. LOCATION - City or Town, State NEW CATHEDRAL CEMETERY BALTIMORE, MARYLAND ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Mai 1630 EDMONDSON AVENUE, CATONSVILLE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition CHF
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) ANCREATITIS Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient | 2 | ER/Outpatient | 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🔲 Bulcide 8 Could not be determined 4 Homicide

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se ateled.

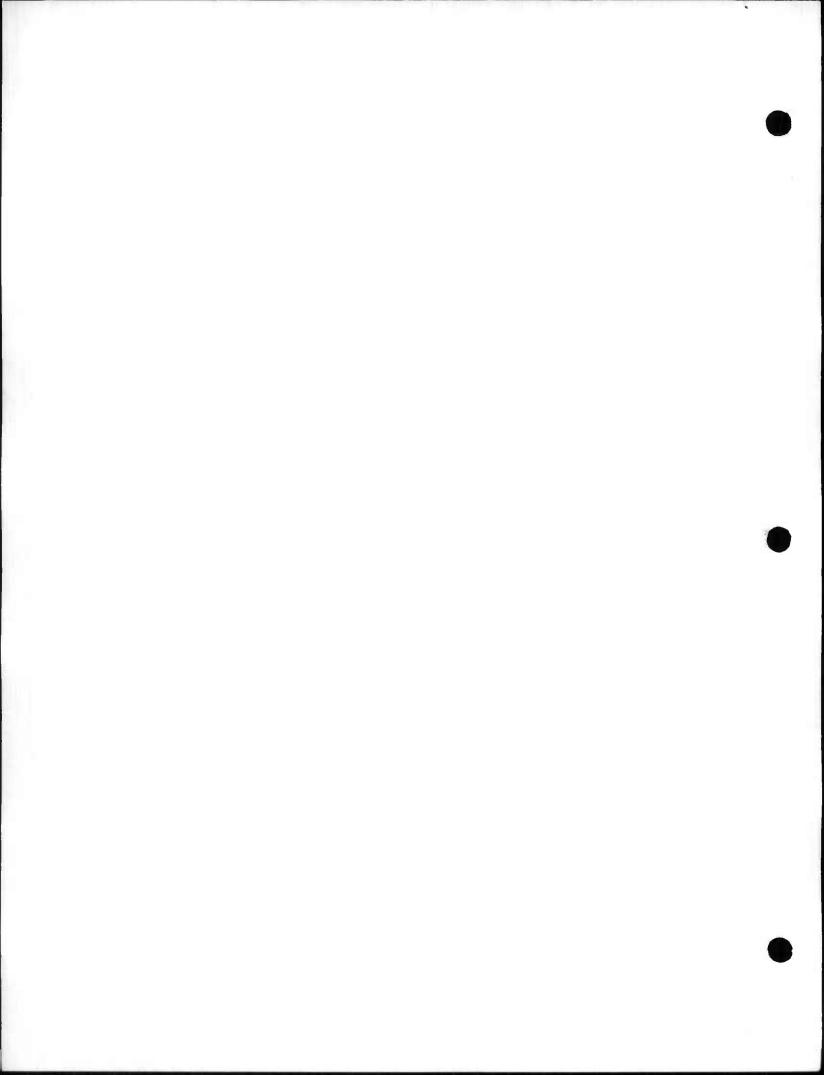
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated.

296. SIGNATURE AND TITLE DF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21224 S. A. H 900 CATON BALTIMORE MD

32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month Day, Year)



13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify:

18. MOTHER'S NAME (First, Middle, Maiden Surname)

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 - YES 2 X NO

White

Maryland

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

14. RACE — American Indian, Black, White, etc.

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

1-27-0

165 KIND OF BUSINESS/INDUSTRY

Housewife

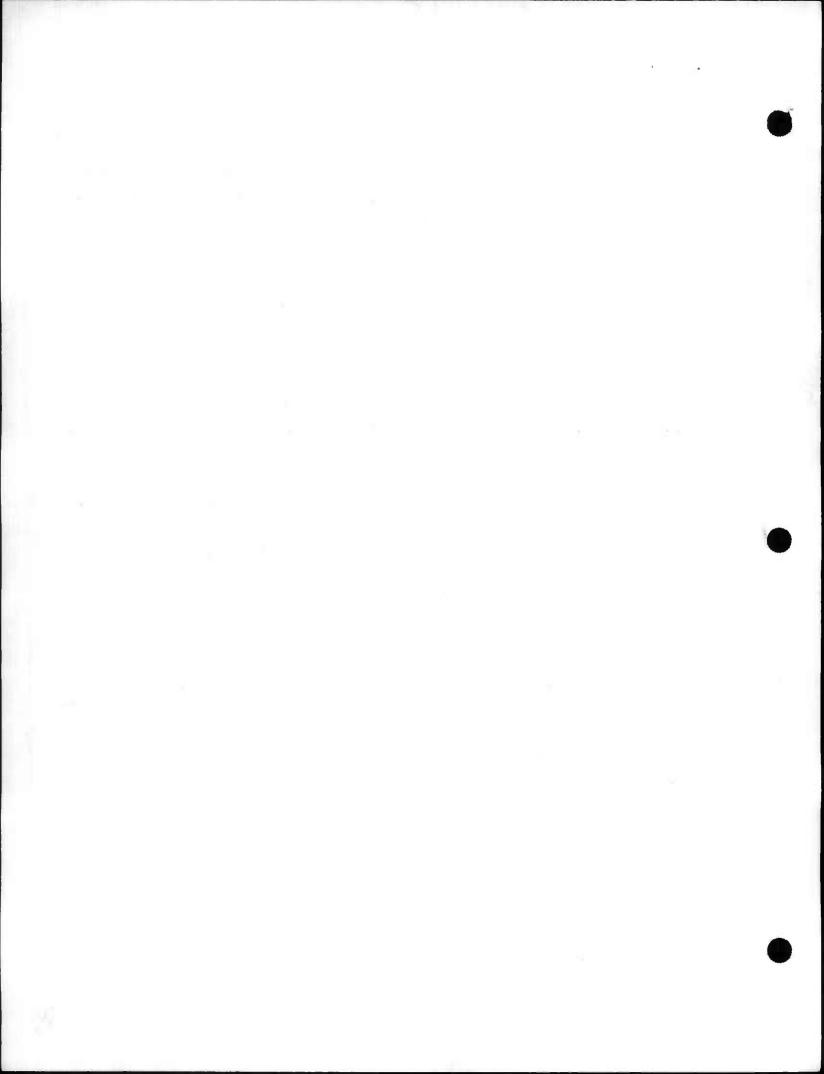
U		}	1. DECEDENT'S NAME (First, Middle, Last) COC. Mais scel M.	IARGARET	COLE		2.
			4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	MON	UNDER † YEAR	IF UNDER 24 HRS. HOURS MIN.	7. [
	Ą	1	217 78 9353 10 M2 XF 86	2 YRS.			\perp
	3 should	œ	9a, FACILITY NAME (If not institution, give street and number)	9b.		R LOCATION OF D	EATH
	.2.3	Ē	BON SCCOUR HOS pital		pavi	more	
	Sed	DIRECTOR	10s. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	TON	
	.≓. 27.		Maryland Baltimore	Ca	tonsvi	11e	
	prysicari. burlal-transit permit. Pages 1, 2,	FUNERAL	10e, STREET AND NUMBER		101	, ZIP CODE	
	ransit	Ä	6002 Chesworth Road, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			21228	
46	priysician. burial-trar		1 Never Married 2 V Married FORCES? 1 YES 2	X NO	If yes, sp	ENDENT OF HISPA	an, Pu
7		В	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	•	1 TES	2 NO Speci	my:
9	5:)	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of work	AL OCCUPATION	ON st of working	
			Elementary/Secondary (0-12) College (1-4 or 5 +)				
9	detache once.	W	12th 17. FATHER'S NAME (First, Middle, Last)	Homemak	er	18. MOTHER'S N.	A 3 4 5 /
3	al al		John Wesley Austin			Lilly	
H	5 should be notified at	BE	19a, INFORMANT'S NAME (Typa/Print)	19b. MAILING ADD	ORESS (Street a	and Number or Rural	
MAHYLAND	5 sh	5	Mr. Colonel C. Cole			th Rd.,	
	director, page 5		20e. METHOD OF DISPOSITION 1 Burlet 2 Octemation 3 Removal from State	ACE OF DISPOSITIO			
PO .	I director, par ner must b		4 Donation 5 Other (Specify) Me	tro Crem			
		!	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E.	Ecker		11y Fund	
3AL	e funera al. examir		>		237	E. Patar	21 0 050
- 15	d in by the or removal.		23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each				
	within certified in by the cremation, or removal vent, the medical		IMMEDIATE CAUSE (Final			•	6
	etely i		resulting in death)	elming	Sex	SIS	6
ECORDS, P.O. BOX 13146,	equives us the catenotine translate obsecuted within a signed by the catenoting physician and completely of Health and Mental Hyghen prior to burial, crematin hows any Injury, or other traumatic event, til		DUE TO (OR AS A CO)				
<u> </u>	and part	CERTIFICATION	Sequentially list conditions, If any, leading to immediate		11u		
ŏ:	requires that the boath bettingate be as signed by the attending physician of Health and Mental Hyglene prior to thows any Injury, or other traum.	CAT	CAUSE (Disease or Johnson	Obstr	uctiv	c Pul	MO
	other other	F	that initiated events	NSEQUENCE OF):			
9 .	tal Hy	H	resulting in death) LAST	467			
Ś	the a		PART II. Other aignificant conditions contributing to death but n	not resulting in ti	ha undarlyin	g cause given in	n Par
JHC :	ed by th and	MEDICAL	HOL OCVA.				
	Heali WYS	Ä					
0"	- B . 6						
Z i	ate h	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	o	26. P	LACE OF DEATH (C	lheck (
5	ertification of the St	YSI	1 VES 2 NO 1 Vinpatient 2 ER/Outpatier	nt 3 DOA 4 [Nursing Hon	ne 5 Residence	_
0	this		1 Natural 5 Pending (Month, Day, Year)	28b. TIME OF		JURY AT DRK? YES 2 NO	28
Z	After death	ВУ	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJURY — A	At home, farm, stree			26
1210	after d	E	4 Homicide detarmined building, etc. (Specify)				
5	TOUR P	COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurred =	t the time. det	and place, and de	ue to 1
_	\$ \$ 2 E	JWC	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and				
	THE FUNER filed within PORTANT:		29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NI	UMBE
		BE	Kerren Ellow m.D. Harico	Al.	ev	D389	
	2 6 8 ₹	2	30 NAME AND ADDRESS OF DERSON WHO COMPLETED CAUSE OF DEATH	- 0111	-	- 3 3 4	

Lerron Elder mo

3001 South

32. AEGISTRAR'S SIGNATURE
Juna Davidson-Randall

Lilly May Webster Austin DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Chesworth Rd., Baltimore, Maryland 21228 TION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State matory, Inc. Catonsville, Maryland 22, NAME AND ADDRESS OF FACILITY McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore, Md. t antar the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between Onset and Death active Pulmonary Disease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? the underlying cause given in Part I. 1 TES 2 NO OF DEATH? 1 TES 2 14 NO 26. PLACE OF DEATH (Check only one) ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO eet, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) at the time, data and place, and due to the cause(a) and manner as stated. in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 04/08/91 D38943 Manover Bultimore mp 21250 STYCET



been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or. of Health and Mental Hygiene prior to burial, cremation, or removal.

notified at

must be

examiner

medical

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traumatic

other t

Injury, or

shows any

State Dept. Item 23 s

After this certificate hadeath with the State Do marked, or Item 2

FRANCOMANO,

CLAIR

A. 31. DATE FILED (MONITH/DBY, Year)

4 P/R/D 1 1991 M.D.,

32 HEGISTRAP'S SIGNATURE Juna Daydon-Handall

After

permit. Pages 1, 2, 3 should

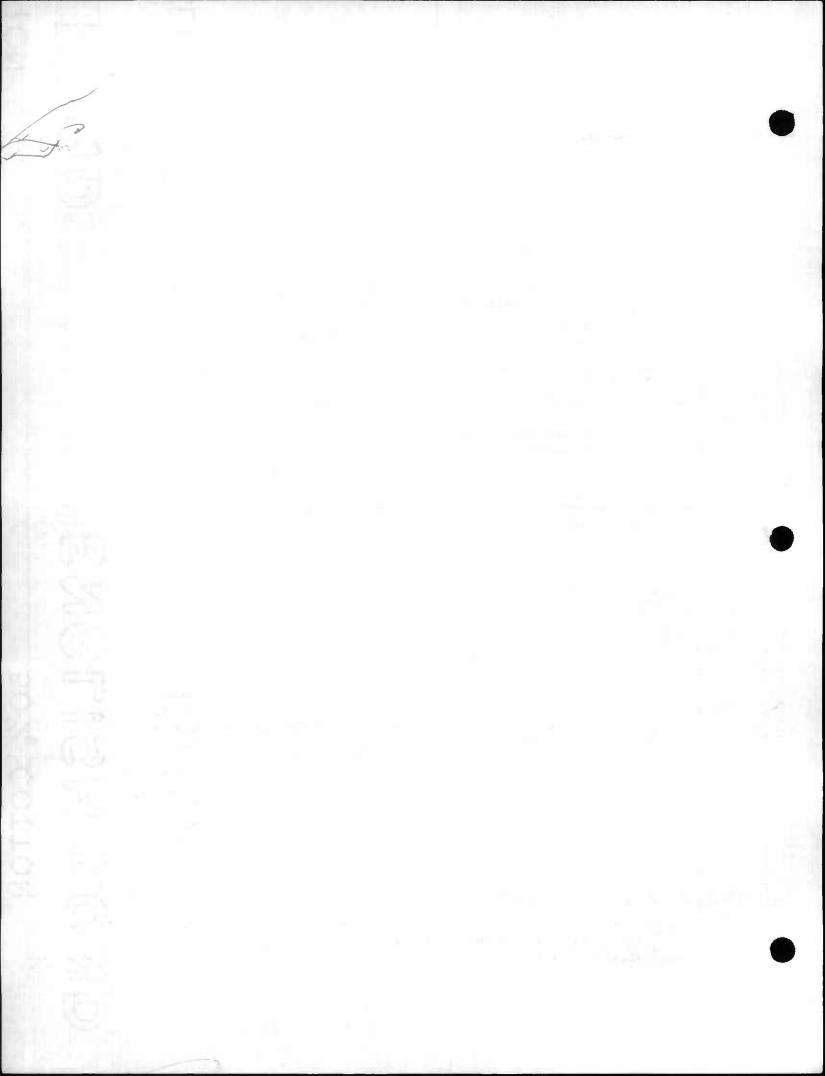
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME Edward George Cummings, Jr. Cecrae C. Cummings 4-9-91 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 216-01-7417 3-17-16 Balto 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Richey Baltimore, Md. Joseph Hospice RESIDENCE OF DECEDENT 10e STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. 1 YES 2 NO Baltimore FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2524 Windsor Road 21224 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 NO IF YES, GIVE WART OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entery/Secondary (0-12) College (1-4 or 5 +) Merchant Marine ITT 12th Grade 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) Edward G. Cummings Sr. BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward G. Cummings III East AVe. Baltimore, Md. -21224 20e. METHOD OF DISPOSITION

1 Display Suries 2 Commention 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE Gardens of Faith Cem. Balto. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 Belair Rd. alleen John C. Miller, Inc. Balto. Md.-21206 23. PART I. Enter the diseases, or complications that eaused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heert fallure. List only one ceuse on each line Interval Betw Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) ardiomyopathi CERTIFICATION Sequentieily list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) Joseph 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO BY 2 Accident TO THE HOSPITAL OR ATTENDINGS TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dead IMPORTANT: If Nem 28 is m 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify) 3 Suicide 6 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29th SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 4 9 D25334 mano 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

THE JOHNS HOPKINS HOSPITAL, 600 N. WOLFE ST., #21205



BALTIMORE, MARYLAND 21215-0	4 hours after death, Page 6 may be retained by the hospital or attending	illed in by the funeral director, page 5 should be detached for use as the n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dea IMPORTANT: If Item 28 is m

BE

2

29e. CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

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Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH MATILDA DOLL 04 09 91 04:00A M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 215-09-4368 DAYS HOURS 87 yrs. 1 | M 2 | F Baltimore 08/29/03 Se, FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE TOWSON 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 615 CHESTNUT AVENUE 21204 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE -- American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 NO Specify: ORCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Never Married 2 Married BY White 3 📝 Widowed 4 🗌 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) Unknown Receptionist Funeral Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Huber Hattie Link BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Pickersgill Home 615 Chestnut Ave. Towson, Md. 21204 20a. METHOD OF DISPOSITION

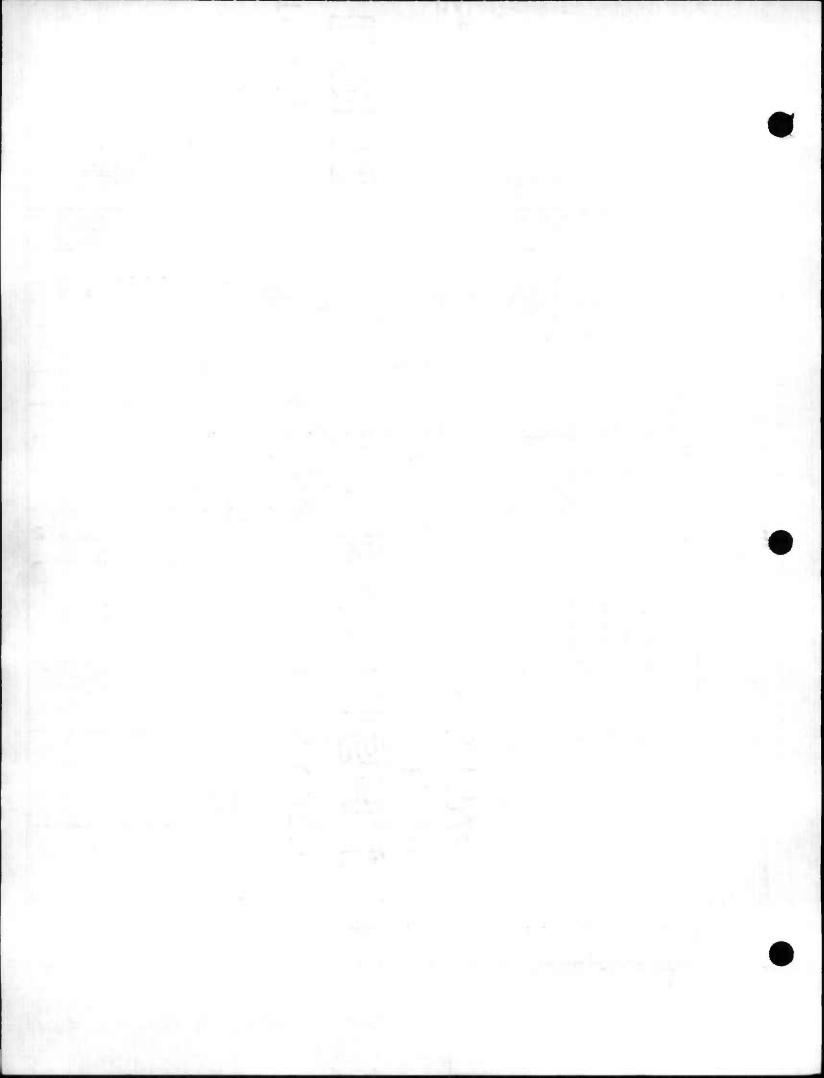
1 □ Buriel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Oak Lawn 4-10-91 Dundalk, Md. 21. SIGNATURE OF FUNEBAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, **Approximats** shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disesse or condition RESPIRATORY ARREST resulting in death) DUE TO (OR AS A CONSEQUENCE OF) RECURRENT EMBOLUS TO RIGHT FOREARM CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 N ng Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide S Could not be determined COMPLETED 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and ma

29c LICENSE NUMBER 29d, DATE/SIGNED (Month, Day, Year) 10/21 D03(01) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michele Cerino M.D. 7600 Osler Dr. Suite 300 32. REGISTRAR'S SIGNATURE

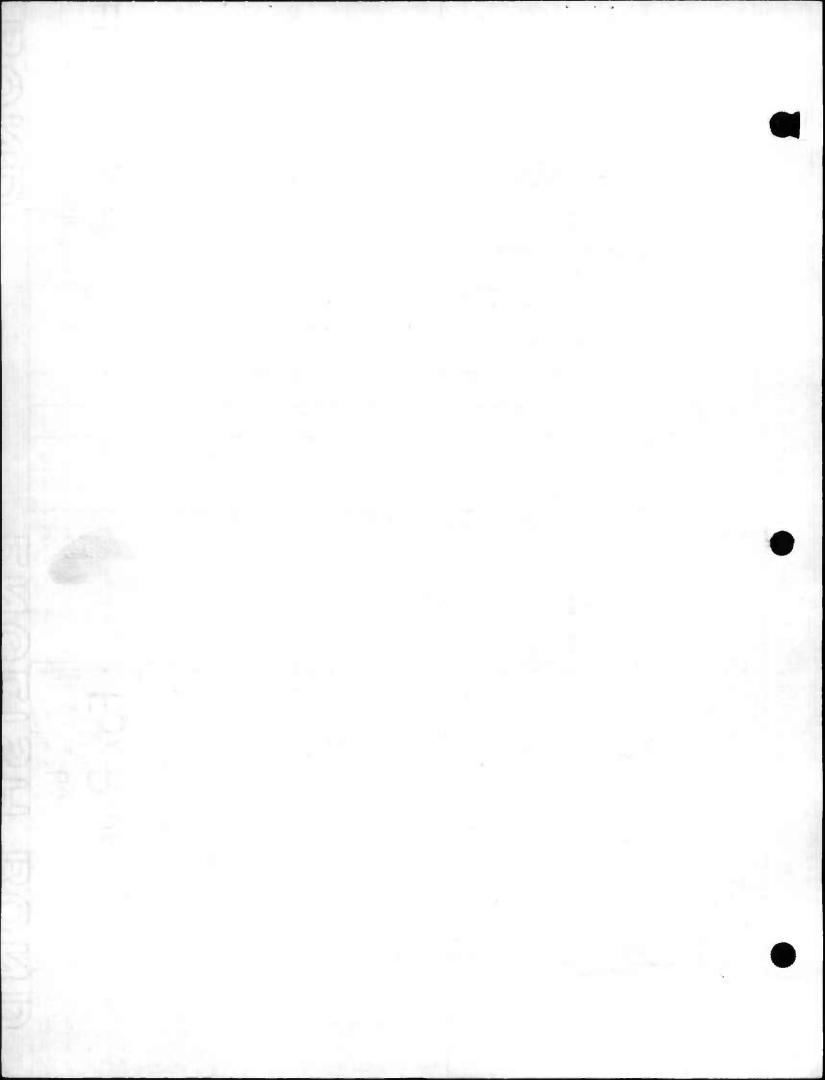
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIENE				
	1. OECEDENT'S NAME (First, Middle, Last	")				2. DATE OF DEATH		3. TIME OF CEATH		
	VINCENT G.	DRECCHI	0			April 8	1991	8:45 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign		
	212-01-0570	1 M 2 □ F 77	YRS.	THS DAYS	NOURS MIN.	(Month, Day, Year) NOV • 21,19	13 Mar	yland		
- 1	9e. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF			
BY FUNERAL DIRECTOR	1720 Orlando Ro	oad	I	3altimo	ore		Balti	more		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV	100 CITY TO	WN OR LOCATI	ION .			10d, INSIDE CITY		
E		ltimore		altimo				LIMITS?		
2	10e. STREET AND NUMBER	Trimore	D		ZIP CODE		10a CITIZEN OF	WHAT COUNTRY?		
RA	1720 Orlando	Boad			21234		USA	WINI COUNTAIT		
빌	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ADMED			IIC ORIGIN? (Specify Yes		CE — American Indian,		
F	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Mexica	n, Puerto Rican, etc.)	Ble	ck, White, etc.		
BY	3 Widowed 4 Divorced	JP YES, GIVE WAR ON	DATES	I U TES	2 XIXO Specify	7.	Spi	White		
ED	15. OECEDENT'S ED (Specify only highest gra	DUCATION	16a. OECEOENT'S USU			16b. KIND OF BUS	NESS/INDUSTRY			
TH.	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use rei	done dunng mos lired.)	ar or worlang	24-				
F	8 years -		Brick Ma	ason		Mason	ry			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)			
BE (Nicholas Draice	chis		5	Mary Ra	phella Dia	cci			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street as	nd Number or Rural I	Route Number, City or Town	, State, Zip Code)			
F	Dora J. Drecch	io	1720 Or	lando	Road Ba	lto. MD	21234			
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re		0b. PLACE AND DATE OF		(Name		ATION — City or	Town, State		
	4 Donation 5 Other (Specify)		Moreland Me	morial		4/11 Par	kville,	MD		
	21. SIGNATURE OF PARETAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	1 puz C	barge				eral Home	Do.	to., MD		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF): A CONSEQUENCE OF):	troke				Onset and Death 2 /2 yvs		
PHYSICIAN: MEDICAL	PART II. Other algolficant conditions of the con			eum	onia	PERFOR 1 TYES 2	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	σ	26. PL THER:	ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 ANO	1 🗆 Inpetient 2 🗆 ER/Ou	rtpetlent 3 DOA 4	Nursing Hom		6 Cher (Specify)				
PH	27. MANNER OF CEATH	28a. DATE OF INJURY (Month, Day, Year)		WO	RK?	28d. DEŞCRIBE HOW IF	JURY OCCURED	V10 6		
B≺	1 Natural 5 Pending 2 Accident Investigation			1	res 2 NO					
	3 Suicide 6 Could not b	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, stree pecify)	et, factory, office	•	261. LOCATION (Street a City or Town, State)	nd Number or Run	I Route Number,		
ET							.:			
COMPLETED	and and	YSICIAN: To the best of my known in the basis of examinat						e(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIF	21			29c. LICENSE NUI		29d. DATE SIGN	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pri	nt)						
	Dr. Carl S. F	riedman 60	60 Kenilw	orth :	Drive	Towson, I	MD 21	204		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE							
	APR 1 1 199	1 Gulia Davido	on-Rondalle							



TO BE COMPLETED BY FUNERAL DIRECTOR

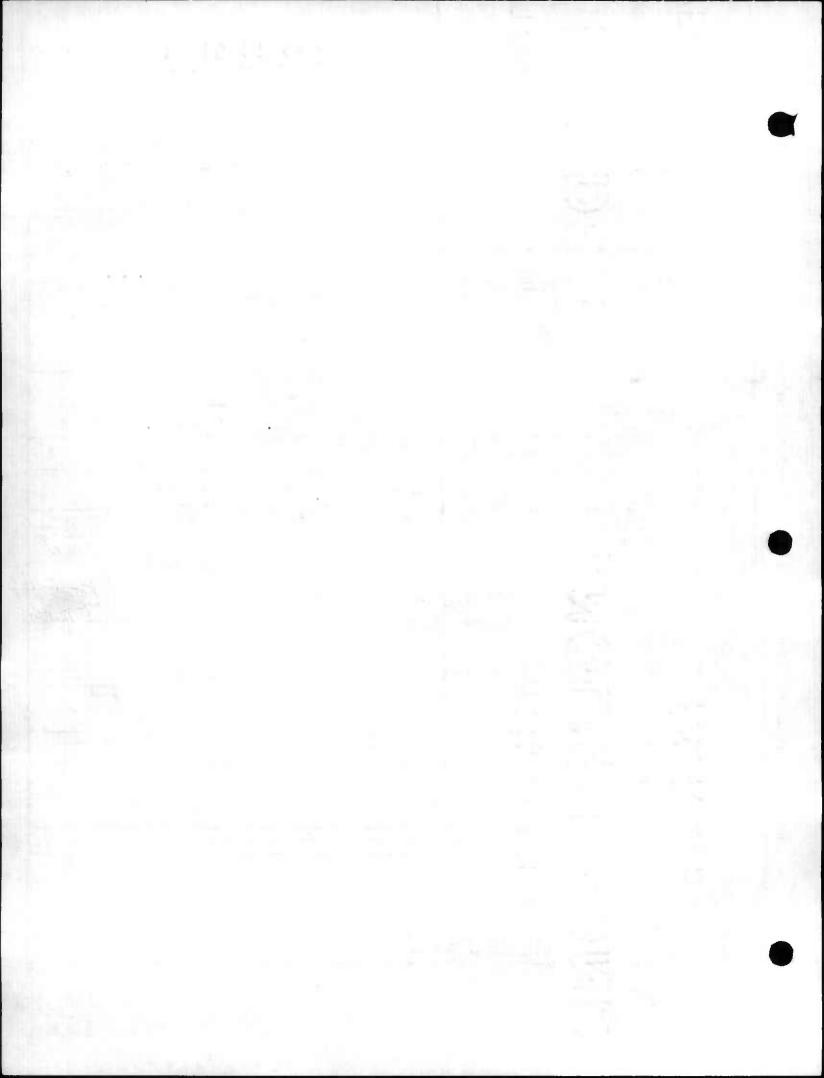
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

245 . Dices. S 51 DEBORAN 18

-	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI			MENTA	HYGIEN REG. NO.	E	
I. DECEDENT'S NAME (First, Middle, Last)	100				2. DATE	OF DEATH	Y YE	3. TIME OF DEATH
DEBORAH DIGGS					APRI	L 10	1991	4:00 a.m
	1□M2×F 43	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year) -11-47	7 E	BALTIMORE, MD
HE JOHNS HOPKINS				RE CITY	EATH		BALTIM	ORE CITY
MARYLAND 10b. COUNTY		300	TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
o. STREET AND NUMBER 3223 NORMOUNT AVE	באת זובי		101	ZIP CODE	216		/	OF WHAT COUNTRY?
. MARITAL STATUS Never Married 2 A Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	if yes, sp	ENDENT OF HISPAL epify Cuben, Mexico 2 - NO Specifi	NIC ORIGIN	? (Specify Yea Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		6a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mo	ON st of working	16b	. KIND OF BUS	BINESS/INDUST	RY
7. FATHER'S NAME (First, Middle, Lest) ARTHUR GLADDEN				16. MOTHER'S NA MOZZI		Middle, Maiden IORMAN	Surname)	
DAVID DIGGS				ORD AVE				
to. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remore Donation 6 Other (Specify)	val from State 206. F	PLACE AND DATE OF			DAT		CATION — CITY	or Town, State
1. SIGNATURE OF FUNERAL SERVICE LICE	O Kly	itt	LEROY	O. DYET	r & S			IOME
23. PART I. Enter the disease or or shock, or heert feilure. L. MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentially list conditions, of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	BI COLL DUE TO JOR AS A C DUE TO JOR AS A C	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	bolism					Approximete Interval Between Onset and Dead 5 min North Approximation of the Approximation of
ART II. Other eignificant conditions	contributing to death but	not reculting in	the underlyin	g cause given in	Part i.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only o	10)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output	lent 3 DOA	OTHER:	ne 6 🗆 Residence	6 🗆 Othe	er (Specify)		
7. MANNER OF DEATH 1 Natural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY W	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif)		reet, factory, offic	:0	28f. LOC City	ATION (Street or Town, State)	end Number or I	Rural Route Number,
enel	SAN: To the best of my knowled							suse(e) and manner as stated.
96. SIGNATURE AND TITLE OF CENTIFIER	_/-		,,	29c. LICENSE NU				GNED (Month, Day, Year)
Q. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	M OTEM 27 Garage	Orline)				1 4	110/7/
DAVID LIM,	Johns Ho	pkins /	JUSPITE	el, Bo	alti	more,	MB)
ADD 1 1 1001	32. REGISTRAR'S SIGNAT			,		7		





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG	i. NO.	
, .	1. DECEDENT'S NAME (First, Middle, Last) Flore	nce A. Do	wns	2. DATE OF DEA	TH	3. TIME OF DEATH
	Florence Downs			MONTH	3	YEAR 7300 M
			INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRT	ru I	8. BIRTHPLACE (State or Foreign
	220-44-4350 10 M2 BF 100	MON		(Month, Day, W		Brooklyn, Nay You
1	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF D	EATH	9c. COU	NTY OF DEATH
10R	Keswick Home		saltimore,	MD.		
<u></u> [RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY. TO	WN OR LOCATION			10d, INSIDE CITY
Ē	() N		ltimore City			LIMITS?
9	Maryland	ра	101. ZIP CODE			
₹					100	IZEN OF WHAT COUNTRY?
Ÿ.	Canterbury Rd. + 39th Street		21218			U.S.A.
5.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic			14. RACE — American Indian, Black, White, atc.
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES 1 TES		1 NES 2 X NO Speci			Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KIND (OF BUSINESS/INC	DUSTRY
	Elementary/Secondary (0-12) College (1-4 or 5+)				N/	' A
M	12 years 17. FATHER'S NAME (First, Middle, Last)	Homemak		AME (First, Middle, I	<u> </u>	A
8	John Bennett		143500 000	Shephar		
H	19a. INFORMANT'S NAME (Type/Print)	T 105 MAIL INC ADI	PRESS (Street and Number or Rural			n Cordal
2	Mrs. Marjorie Guild	The second secon	ork Road Cock			
	20a, METHOD OF DISPOSITION 20b.	PLACE OF DISPOSITION	N (Name of cemetery, crematory or	-		City or Town, State
	1 Serial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ruid Ridge	Cemetery			lle, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	577	22. NAME AND ADDRESS OF F	edefe1d	Home	
	John G. Reitz John	Lay				Maryland 21212
	23. PART I. Enter the diseases, or complications that caused		antar tha mode of dying, au	ch as cardiac or	respiratory sr	
	shock, or haert fellura. List only one cause on as	en iina.				Interval Batween Onset and Death
	disease or condition a.	all				
		CONSEQUENCE OF):				
No	Sequentially list conditions, D. D. D. D. COR. AS A.	CONSEQUENCE OF):				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	consequence or).				
일	CAUSE (Diseesa or Injury that initiated events oue TO (or As A	CONSEQUENCE OF):				
	resulting in death) LAST					
	PART II. Other algolificant conditions contributing to death bu	it not meulting in th	he underlying cause given is	n Part I 24a V	MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
3	CHF, HTN dem		rascular	. Р	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă		willa,	0000000	'□	YES 2 NO	OF DEATH?
Σ	1050 frice ency				/	1 TYES 2 (VINO
ä		_				/ -
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	26. PLACE OF DEATH (C	theck only one)		
PHYSICIAN: MEDICAL	1 TYES 2 NO 1 Inpatient 2 ER/Output	itlant 3 DOA 4	Nursing Homa 8 - Residence			
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE	HOW INJURY OC	CORED
B	2 Accident Investigation 28s. PLACE OF INJURY	- At home, farm, stree		28f. LOCATION	(Street and Numbe	er or Rural Route Number,
COMPLETED	Suitings 8 Could not be building, etc. (Special Momicide determined)	Ty)		City or Town	, State)	
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowle	edge, death occurred a	t the time, data and place, and du	us to the cause(s) s	ind manner as sto	ated.
OM	one) 2 MEDICAL EXAMINER: On the basia of examination	and/or investigation, is	n my opinion, death occured at th	e time, date and pi	lace, and due to t	the cause(e) and manner as stated.
TO BE	296. SIGNATURE AND THE CONTINUER U.D.	Statt insicia	29c. LICENSE NI	988	29d. DA	TE SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSEDED DEA	Balfo.	"MD. 21	204		/ /
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	TURE		1		
	APR 1 1 1991 Juha Savidson	-gandelle				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—refus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit bermit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

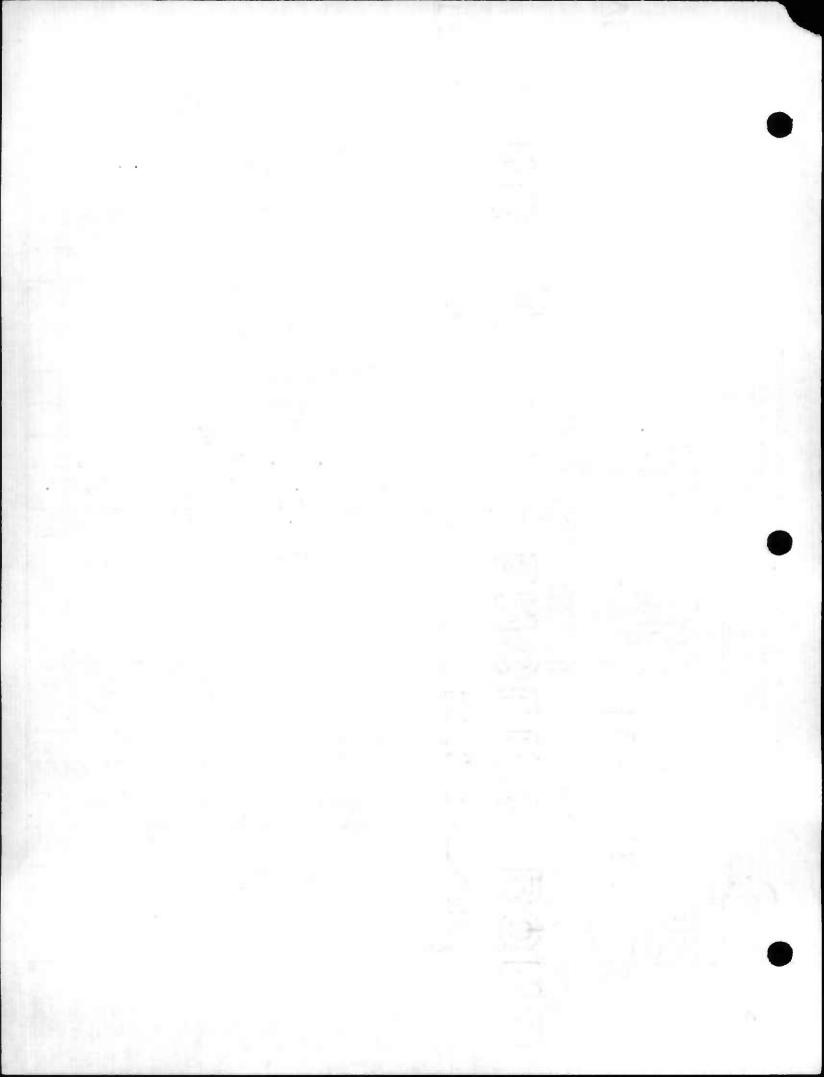
DHMH-18 Rev 1/89

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 3. TIME OF DEATH Alton A. 6:25 pm w Davison 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 | F 1-06-27 216-20-1734 64 YRS Maryland 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR Greater Baltimore Med. Ctr Towson, MD Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 5407 G. Roland Avenue 21210 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES
WW II 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 YES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 5+ High School Teacher Baltimore City Schools 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme) George Robert Davison Hazel Martin BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) ဂ 5407 G. Roland Ave. Baltimore, Maryland 21210 Mrs. Jo Ann G. Davison 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burial 2 💢 Cremetion 3 🗆 Removal from State Green Mount Cemetery □ Donation 5 □ Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Cell John G. Reitz 6500 York Road Baltimore, Maryland 21212 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Onset and Death IMMEDIATE CAUSE (Final disease or condition « Massive Pulmonary emboli and aortic thrombosis out to (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a, WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 XYES 2 NO OF DEATH? 1X YES 2 | NO PHYSICIAN: 25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 X NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending м 1 YES 2 NO BY 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 8 Could not be determined 4 Homicide 29e. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 4/6/91 D38352 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Schwartz, M.D., GBMC, 6701 N. Charles St. Baltimore, MD 32. REGISTRAR'S SIGNATURE La Davidson Randalle

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Las Harry	ot)		Edwar		DEATH	2. DATE MONT	PEG. NO.		YEAR 91	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER 243-72-5170	5. SEX 6	45 AGE (In yrs. last I	birthday) IF UN	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		N. BIRTH	PLACE (State or	
	90. FACILITY NAME (If not institution, giv		- ' /		OTY, TOWN	OR LOCATION OF D		1-1)	9c. COUN			
ECTOR	Key Medical (Ba	altir	more						
DIREC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUI			10c. CITY, TOW BAL		E CITY					10d. INSIDE C LIMITS? 1 XYES 2	
ERAL	100. STREET AND NUMBER 5431 BUCKNELL RO.	AD			10	21206			10g. CITIZ US		THAT COUNTRY	7
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 () IF YES, GIVE WAI	EVER IN U.S. ARM YES 2 NO R OF DATES 1 0-09	NED O	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	en, Puerto		or No—	Black	— American la White, atc. BLACK	idlan,
PLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		(Give	EDENT'S USUAL the kind of work do Do NOT use retire	one during m ed.)		100	OCKE I			3	
E COMP	17. FATHER'S NAME (First, Middle, Last) JAMES EDWARDS					18. MOTHER'S N BERTHA			Surneme)			
TO B	190. INFORMANT'S NAME (Type/Print) MARY E. LEDWARDS	5				end Number or Rura L ROAD E						
	30e METHOD OF DISPOSITION AM Burlet 2 □ Cremetion 3 □ R: 4 □ Donation 5 □ Other (Specify) □	emoval from State	20b. PLACE A	AND DATE OF D	DISPOSITION	N (Name 7A CEVE .	DAT	20c. LO	CATION — C		WILLS,	1///
		The state of the s	e on each line.			ode of dying, su	011 45 04.				Interval	
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C		UENCE OF):								Betw
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (C	OR AS A CONSECU-	UENCE OF):	OR	CHEST		24a. WAS AN PERFOR	AUTOPSY		Interval	Y FINDS
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditionally as a sequential condition of the cause o	b. DUE TO (C. DUE TO (OR AS A CONSECU-	UENCE OF): UENCE OF): Desiring in the	e underlyid	ng cause given in	n Part I.	24a. WAS AN PERFOR	AUTOPSY		Interval Onset (Y FINDS
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TED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	BUE TO (C. DUE TO (C.	OR AS A CONSECUTOR AS A CONSEC	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28b. TIME OF INJURY 1:30 P	e underlyin	ng cause given in	n Part I. Check only of 6 Other Sec. 286. LO Chy	24a. WAS AN PERFOR	AUTOPSY AMED? INJURY OCC INJ	24b	WOUN	Y FIND Y FIND OR TO
TED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	BUE TO (C. DUE TO (C.	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU DR AS	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28b. TIME OF 1:30P ne, farm, street, HOME	e underlyice 26. If HER: Nursing Ho 26. If I , factory, off	ng cause given in	n Part I. Check only of Se 281 LO Ch	24a. WAS AN PERFORM 1 DAES 2 INTEL STATE OF THE STATE OF	AUTOPSY RMED? R \(\) NO INJURY OCC flic and Number 5431 e Md nner as state	24b CURED ted or Rural I Builted	Wound Would on the last of the	Y FINDS OF CAUSE
D BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	DUE TO (C. DUE TO	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU DEPLOY (Specify) (UENCE OF): UENCE	e underlyling the underlyling the underlyling to the underlyling to the underlyling the underlyling to the underlyling the underlyling to the unde	ng cause given in	De lo time, def	24a. WAS AN PERFORM 1 DAES 2 INTEL STATE OF THE STATE OF	INJURY OCCUPANTED AND AND AND AND AND AND AND AND AND AN	24b CURED ted or Rural I Bu ed. ee couse(r	Wound Would on the last of the	Betweend Do



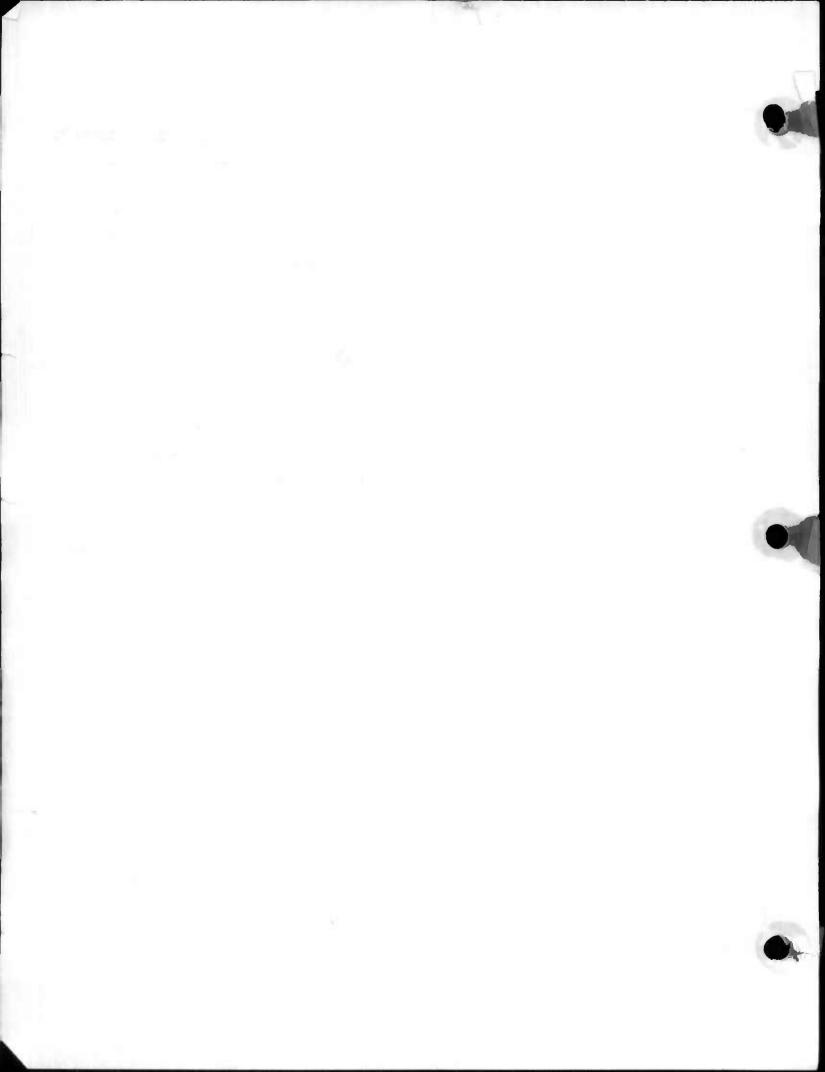
TO DE OF	
dical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
funeral director, bage 5 should be delether	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mm, the centers.
death. Page 6 may be manned on the home	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be manned of unit house
CALLIMONE, men	DIVISION OF VITAL RECORDS, T.C. BOA 13149,

must the normal or attending physician.

The defect to use as the burial-transit permit. Pages 1, 2, 3 should

UD 21203-3146

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MEN'	TAL HYGI		91	09570
	t. DECEDENT'S NAME (First, Middle, Last)				======					ATE OF DEAT	DAY	YEAR	3. TIME OF DEATN
	CA	THERINE	L. EVE	EREST					0		9		12:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DA	TE OF BIRTH	r)	8. BIRT	NPLACE (State or Foreign itry)
l	212-20-0205	1 🗆 M 2 😿 F	67	YRS.	MONTHS	DATS	HOURS	mura,	0		23		MARYLAND
_	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	EATH		9c. CO	JNTY OF	DEATH
TOR	1016 UNION A	VENUE					BALTI	MORI	E				
DIRECTOR	MARYLAND 10b. COUNT	Υ		10c. CIT	BA	LTIN							10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 1016 UNION A	JENUE				101	212	_			10g. Ci	USA	WHAT COUNTRY?
鵥	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT C	OF HISPAI			y Yea or No-	14. RA	CE — American Indian.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 XI	NO			ecify Cubs			rto Ricen, atc	.)		ck, White, etc.
D BY	3 XWIdowed 4 Olvorced	<u> </u>	1 201 2										WHITE
	15, DECEDENT'S EDU (Specify only highest grade	e completed)	(G	ive kind of	work done a see retired.)	during mo	on ost of working	ng	- 1	16b, KIND OF	BUSINESS/IN	IDUSTRY	
OMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5 s	•)		EWIFE	7							
NO N	17. FATNER'S NAME (First, Middle, Last)			1003	CMILL	,	16, MOT	NER'S NA	AME (FI	rst, Middle, Me	iden Surname)		
U U	ARTHUR STREEKS							LIIC	TI.I.	E BOW	AN		
00	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS	S (Street a	and Numbe				Town, State, 2	(ip Code)	
2	ROBERT EVEREST			1016	UNIC	N AV	VENUI	E, B.	ALT	O., M	0. 212	11	
*	20e. METHOD OF DISPOSITION T√D Buriel 2 □ Cremetion 3 □ Ren	novat from State	20b. PLACE other p.	(ace)			,	-			. LOCATION -		
	Donetton 5 □ Other (Specify)		MEAD	OWRI			RIAL ND ADDRE				ELKRID	GE,	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L		t of			A. A	LAN	SEIT	rz,	JR. H	UNERA BALTO	L HO	ME D. 21211
	23. PART I. Enter the diseases, or shock, or heart failure	complications the	t caused the de		not enter	the mo	de of dy	ing, suc	ch aa	cardiac or i	reapiratory a	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	Liet only one cat			- L .	1	. 1		a	A /			Onset and Death
	disease or condition resulting in death)		theros			C	NOU	vvo.	& CA	مالد ١١	-		year
		DUE TO	(OR AS A CONSE	QU. VCE	OK-,								400
CERTIFICATION	Sequentially list conditions,	b	OR AS A CONSE	QUENCE	OF):								
SAT	if any, leading to immediate cause. Enter UNDERLYING	c.											
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE	OF):								
E	resulting in death) LAST	d											
C	PART ii. Other significant condition	na contributing to	death but not	reaulting	in the u	nderlyln	g cause	given ir	Part		S AN AUTOPS	Y 2	4b. WERE AUTOPSY FINDINGS
S										- 0	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDIC													1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck or	nly one)			
YSI	1 TES 2 NO	1 Inputient 2		_	4 🗆 Nu	rsing Nor		tesidence		Other (Specifi			
	27, MANNER OF CEATH 1 Netural 5 Pending	28a. DATE Of (Month, I		28b. TI	ME OF NJURY M	W	JURY AT ORK? YES 2	□ NO	28d	. DESCRIBE I	IOW INJURY (CCURED	
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE (OF INJURY — At h	ome, farm	, street, fac				28f.			ber or Run	al Route Number,
TED	4 Nomicide 8 Could not be determined	building	, atc. (Specify)							City or Town,	State)		
LE	29a. CERTIFIER CERTIFYING PNY	SICIAN: To the best o	f my knowledge, c	leath occu	rred at the	time, dat	a and plac	e, and du	a to th	e cause(a) an	d menner as a	ntated.	
COMPLETE	ana)	NER: On the besis of	examination and/o	r investiga	tion, in my	opinion,	death occ	ured at th	e Ilme,	date and pla	ce, and due to	the caus	se(s) and menner sa stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFICATION	nu		177	The same	ク	29c. LK	CENSE NI	UMBER 69	61	29d. D	ATE SIGN	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W		ISE OF DEATH (IT	EM 27) (Ty)		36	SA	- (31	28	res 2	12	, - , ,
	31. DAY'E PILED (Month, Day, Year)	0 32. REGISTR	AR'S SIGNATURE	o U					/ .	- 7 - 1	w) c	101	
	APR 1 1 1991	guna David	lson-Randa	102									



Pages 1, 2, 3 should

THE FAMILY OF STANKING PRYSICIANT. The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician. THE FAMILY CHESTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The medical page 15 should be detached for use as the burial-transit permit. The medical page 15 should be detached for use as the burial-transit permit. The medical page 15 should be detached for use as the burial-transit permit. The medical page 15 should be detached for use as the burial-transit permit.
P 8 2

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AND ATE OF DEATH	MENTA	L HYGIENE REG. NO.	91	0	9571	
	1. DECEDENT'S NAME (First, Middle, Last) Mabel	M. EL	SEZ	24	2. DATE MONTI	OF DEATH	9		3.30 PM	
		5. SEX 6. AGE (In yrs. 1 M 2 F 60	YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	3/	of BIRTH h, Day, Year)		Md Md		
TOR	St. Agnes Hosp			city, town on Location of c Baltimore	DEATH		9c. COUNTY	OF DEATH		
DIRECTOR	Md • 10b. COUNTY			timore					. INSIDE CITY LIMITS?] YES 2 NO	
FUNERAL	310 Edgewood S	it.		101. ZIP CODE 21229			10g. CITIZEN		COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECENDENT OF HISP, If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto I	17 (Specify Yee or Rican, etc.)	r No- 14.	Black, Wh	American Indian, lite, atc. Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S USU (Give ldnd of work life. Do NOT use ret	done during most of working	16b	. KINO OF BUSIN	IESS/INOUS1	RY		
BE COME	17. FATHER'S NAME (First, Middle, Last) John Henry Mor	ris		Mabel	Jez					
5	190. INFORMANT'S NAME (Type/Print) Mark Oliver 190. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5422 Masefield Rd. Balto. Md. 21229									
	20a_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. PL/	tary, crematory or o	disposition (Name ther place) Cemetery	DAT 4		TION - City 1 Ba			
	21. SIGNAYURE OF FUNERAL SERVICE LICENSEE A Donestion 5 Other (Specify) Mt. Auburn Cemetery 4 /13/91 Balto. Md. 22. NAME AND ADDRESS OF FACILITY Wallnwriight Funeral Home 2700 Edmondson Ave. Balto. 21223									
	23. PARTy. Enter the diseases, or complications that ceused the death. To not anter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIF	that initiated evente resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):							
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. White the properties of the part I. Yes 2 No 246. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							ULABLE PRIOR TO MPLETION OF CAUSE DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specific Residence 6 Country Control Residence Country Control Residence Country Control Residence Country Control Residence Country Control Residence Country C									
BY PHY	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJURY AT	_	SCRIBE HOW IN.	JURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	il home, farm, atree	nt, factory, office		CATION (Street en or Town, State)	d Number or	Rurel Route	Number,	
COMPLETED	(Orlean Orly)	RIAN: To the best of my knowledge R: On the besis of examination end						zuse(e) en	d menner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER SI 30. NAME AND ADDRESS OF PERSON WHO	10 SUT PHUNCH		29c. LICENSE N	UMBER			J-9-	orth, Day, Year)	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
TRN THATCO ST. Maris HOSPITM GOV CATON AVE. KANTO. MD 21224

AUGY TO

31. DATE FILED (Month, Day, Year)

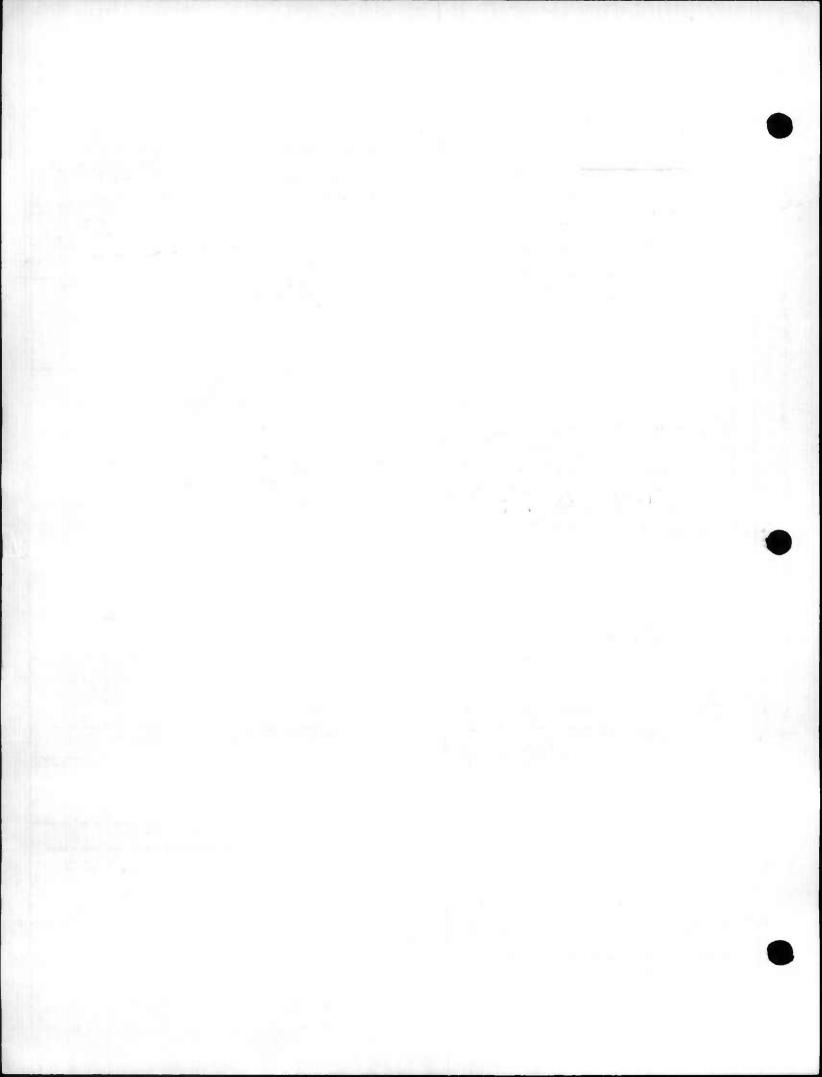
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Char W. Winwright 2700 Edmondson Ave. Balto. 21223

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defache	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR_	TATE OF MARYLAND / D	FPARTI	MENT OF H	FAITH AND	MENTAL HYGIE	NF 9	09572		
	1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Leet)				REG. NO. 2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF OEATH					
	Reba Gilliam					04-05-91)4-05-91			
	164-12-5297 -164-12-5296	SEX 6. AGE (In yrs. lest bi	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1910 P	BIRTHPLACE (State or Foreign Country) ennsylvania		
OC.	9a. FACILITY NAME (If not institution, give street of			9b. CITY, TOWN OR LOCATION OF GEATH			9c. COUNTY OF CEATH			
5	Leland Memorial Hospital			Riverdale			Prince George's			
DIRECTOR	10a. STATE 10b. COUNTY 10c. 0			eesburg			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
AL	10s. STREET AND NUMBER			101.	101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
띨	139 Royal Palm Drive			32748			USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			Yes or No.— 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY									
F	12 grade 17. FATHER'S NAME (First, Middle, Lest)	pata	Pro	cessi			ug Com	pany		
BE CC	Albert Moore				18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Hamilton					
2	19a. INFORMANT'S NAME (Type/Print) Grace Crewson			- 75 - 75 - 1		Route Number, City or R				
	20a. METHOD OF DISPOSITION	20b. PLACE OF	DISPOSITION		netery, cremetory or		OCATION — City			
	1 Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Holy Sepulchre Cemetery Pennsylvania						vania			
	21. SIGNATURE OF FUNERAL SERVICE LIFENGE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Home Arlington, Virginia 22201									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A CALL MY O Cay dit of T A CALL Onset and Death DUE TO (OR AS A CONSEQUENCE OF): B. CON A E STIVE MEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given				g cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)									
SIC		OSPITAL: Inpetient 2 ER/Outpetient 3 E		THER:		6 Other (Specify)		The Carlotte		
PHYSICIAN:	27. MANNER OF DEATH		28b. TIME C	0F. 28c. INJ	URY AT	28d. OESCRIBE HON	V INJURY OCCUP	REO		
BY F	1 Netural 5 Pending 2 Accident Investigation		8-53	WORK?						
ETED E	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)			fflice 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER A wind M. Melter MD D27366 296. LICENSE NUMBER 296. DATE SIGNED (MORTH, Day, 1964) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typos, Print) 7100 Bultiware Ave, It surg college Parle, up 205840									
	31. DATE FILED PROTES DON TO 1991 Julia Davidson - Mondale									



3. TIME OF OEATN

6:45P

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Bleck, Whita, atc.

White

Approximate

24b. WERE AUTOPSY FINDINGS

AWAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

Onset and Death

23 KONTH

1XXYES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

N/A

USA

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F VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending or	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BY

COMPLETED

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OR ATTENDING PHYSICIA DIVISION OF

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After death

L DIRECTOR: Aff Phours after de: I Item 28 is n

TO THE HOSPITAL OF TO THE FUNERAL DID TO THE FUNERAL DID TO THE MITTING TO THE PORTANT: If Its

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN GEBELEIN MARY CAROLINE 9 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 214-12 -0778 1 - M 2 XXF 8-1-20 70 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATN DIRECTOR 5614 St. Albans Way Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 5614 St. Albans Way 21212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Ric 1 YES 2 X NO Specify: 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 4 Homemaker N/A 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Wilbur Nicholas VanSant Mary Freeman Garrett BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul J. Gebelein Jr. 5614 St. Albans Way Baltimore, Maryland 21212 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata DATE of cemetary, crematory or of Druid Ridge 4/13 Pikesville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home Dennis Stephen Xenakis 6500 York Road Baltimore, Maryland 21212 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition G-40BLASTOMA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMEO? PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER ng Nome 5 Residence 6 - Other (Specify) estient 2 - ER/Outpetient 3 - DOA 4 Nurs

27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? INJURY 1 Netural 5 Pending 1 YES 2 NO Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — A1 home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 5 Could not be determined 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPI

29c. LICENSE NUMBER 123683 29d. DATE SIGNED (Month, Day, Year) 4/10/91

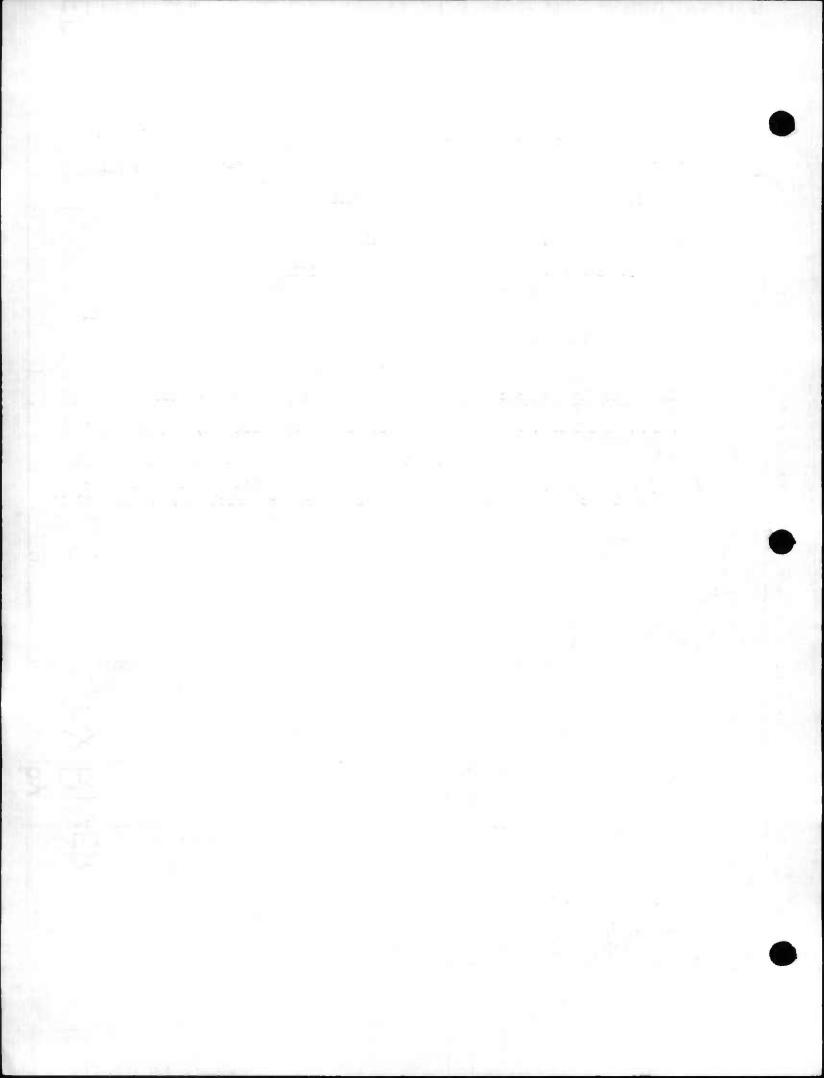
WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE And Mandalla

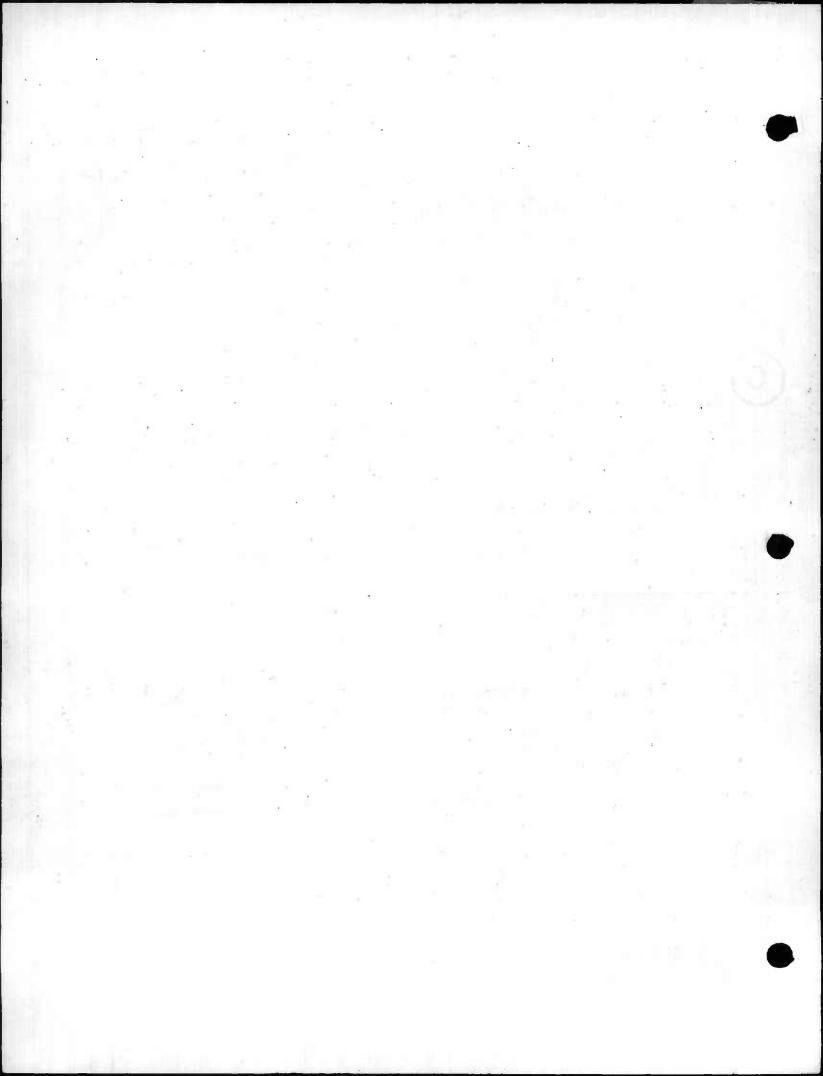


BALTIMORE, MARYI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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AL DIRECTOR, Miles this continues has been algree by the according proporties and compressly lines in by the thinks of the continues of the co	72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
fred British	Hygiene p	or other
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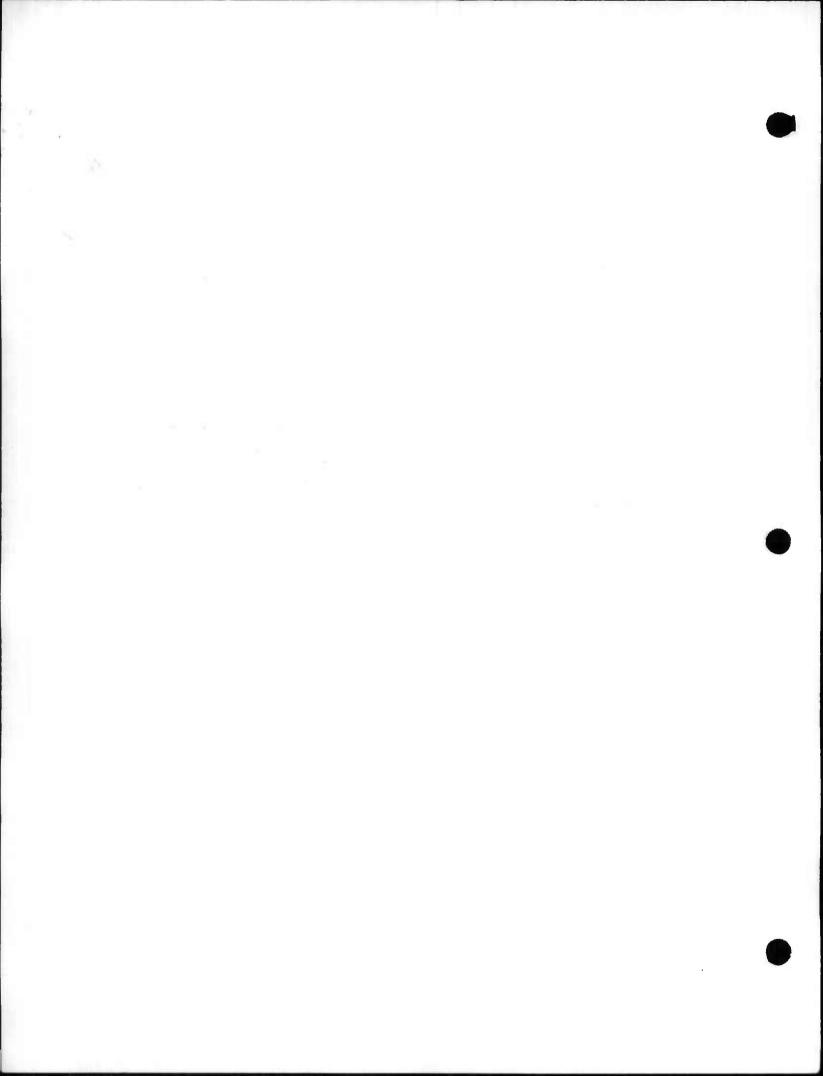
FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	. 05074			
1. DECEDENT'S NAME (First, Middle, L	N GREEY	RHEDA V	V. GREENE	2. DATE OF DEATH MONTH DAY	YEAR 2:30 PM			
4. SOCIAL SECURITY NUMBER 216-52-6970 9a. FACILITY NAME (It not institution of	5. SEX 1 M 2 F 6. AGE	7 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS WIN. CITY, TOWN OR LOCATION OF E	9-15-03	8. BIRTHPLACE (State or Foreign Country) DAITO TY OF DEATH			
MERIDIAN M	Justi med	real t	Balto.	Ba				
10e. STATE 10b. CO	Baltimore		TOWSON		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 7700 York	Road Meridi	an Multi	101. ZIP CODE Med 21204		EN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	can, Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: White			
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KINO OF BUSINESS/INDI	USTRY			
12 + 17. FATHER'S NAME (First, Middle, Lust)	Retir		School Te	eacher			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street and Number or Rura	il Route Number, City or Town, State, Zip	Code)			
Dr. Carl Fri	200		Kenilworth [N (Name of cemetery, cremetory or	Orive, Towson, I				
♣☐ Donation 6 ☐ Other (Specify)	E LICENSEE Ronald		22. NAME AND ADDRESS OF F	State Anatimore St, Bal	atomy Board			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e	d the deeth. Do not a tach line. A CONSEQUENCE OF):	anter the mode of dying, au	ch sa cardiac or respiratory arre	Approximete Interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PART II. Other algnificant cond	itiona contributing to death b	but not resulting in the	ne undarlying cause given i	n Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 N AO	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	CURED			
3 Suicide 6 Could no 4 Homicide determine	building, etc. (Spe	Y — At home, farm, stree	t, tactory, office	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
enel enel				ue to the cause(e) and menner as state he time, date and place, and due to th				
29b. SIGNATURE AND TITLE OF CERT	IFIER 3	. Ohe	29c. LICENSE N	21680 29d. DATE	E SIGNED (Month, Day, loar)			
DR. HOWARD				e,Balto,MD 21	215			
31. DATE FILEO (Morith, Day, Year) ADD 1 0 1991	32. REGISTRAR'S SIGN	NATURE '	, ,	,				



2	Sien	rial-transit	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 years after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burfal-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
D 212	ospital or a	ched for us	6.
YLAN	d by the l	id be deta	d at onc
MAR	be retained	e 5 shou	notifie
ORE,	e 6 may l	ector, pag	must be
ALTIM	leath. Pag	funeral dia	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8	urs after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept., of Heatth and Mental Hygiene prior to burial, cremation, or removal.	edicai e
	2	y filled tion, or	the m
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate	ding physi	other t
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	TO THE	TO THE I	IMPORT

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	. 000,0
,	1. DECEDENT'S NAME (First, Middle, Last)	MIRA DIANA H	ALVORSEN	2. DATE OF DEATH	3. TIME OF DEATH
	Halvorsen	, mira DIA		MONTH DAY	1 205 A M
		SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.		BIRTHPLACE (State or Foreign
i	212 10 13 20	□ M 2 □F YRS.	MONTHS DAYS HOURS MIN.	(Month, Dey, Year)	Country)
~	9a. FACILITY NAME (If not institution, give street	HOSPITAL	9b. CITY, TOWN OR LOCATION OF DI	EATH 9c. COUNTY	Y OF DEATN
DIRECTOR	RESIDENCE OF DECEDENT	THIS PITAL	TOWSON	1 /	PAUT.
E.	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	/// /	ACI	BAUTIMOR		1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8553 Castlemill Ci	rcle	10f. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
ᄬ	1	R. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECEMBENT OF NISPAI	NIC ORIGIN? (Specify Yes or No.— 14	I. RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES 2 NO	If yes, specify Cuban, Maxica 1 YES 2 NO Specif	nn, Puerto Rican, etc.)	Black, White, etc. Specify:
B	3 🔀 Widowed 4 🗌 Divorced			<u> </u>	White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com-	npleted) (Give kind of s	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/INDUS	STRY
91	Elementary/Secondary (0-12) C	College (1-4 or 5+)	e retired.)		
MP	12	Salespe			
8	17. FATNER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surname)	hah aam
B		ira	Mari		tcheon
٥	19a. INFORMANT'S NAME (Type/Print) Mrs. Diana V. Boga			e, Balto. Md. 21	
•	20a. METHOD OF DISPOSITION	75	BITION (Name of cometery, crematory or	20c. LOCATION — CH	
	1 💢 Burial 2 🗆 Cremation 3 🗆 Removal	Annual States other place)		4/10/91 Timonium	
	4 Donation 5 Other (Sept)		22. NAME AND ADDRESS OF FA		ii, Mary raita
	Cut TH	far-		uneral Home, Ind	с.
	Ernest/L. Feast	IM		, Towson, Maryla	
- 1	23. PART i. Enter the diseases, pr com ehock, or heart fellure. Lief	npilications that caused the death. Do in the death in the cause on each line.	not enter the mode of dying, suc	ch as cerdiac or respiratory arres	st, Approximate interval Between
- 1	IMMEDIATE CAUSE (Fine)	0 1 1	_		Onset and Death
	disease or condition	Debydia	nen		
		DUE TO (OR ASIA CONSEQUENCE O	7):		
N	Sequentially list conditions,	DUE TO JOH AS A CONSEQUENCE O	0:		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Congeohus	Legal to	releve	İ
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE O	Pi	1	
E	resulting in deeth) LAST	Childre Obs	Kuctup	Lung des	care
	DATT II Oshan almalificant and distance			//	
¥	PART ii. Other aignificent conditions of	Entributing to deeth but not resulting	in the underlying cause given in	Part I PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC				1 YES 2 NO	OF DEATH?
	·				1 TYES 2 NO
ä					
PHYSICIAN:		IOSPITAL:	26. PLACE OF DEATH (C	heck only one)	
XS	1 YES 2 NO 1	□ Inpetient 2 □ ER/Outpetient 3 □ DOA 28a. DATE OF INJURY 28b. TIM	4 Nursing Home 5 Residence		1050
	1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year) 26b. TIM	JURY WORK?	28d. DEŞCRIBE NOW INJURY OCCU	THEU
BY	2 Accident investigation	28e. PLACE OF INJURY — At home, farm,	1 123 2 100	281. LOCATION (Street and Number of	r Dural Borda Number
	3 Suicide 6 Could not be 4 Homicide datarmined	building, atc. (Specify)	atiest, tactory, office	City or Town, State)	r norm normality
Ē	29a. CERTIFIER				
COMPLETED	(Check only	N: To the best of my knowledge, death occurs On the basia of axamination and/or investigati			
8		On the basis of exemination and/or investigation		10 10 10 10 10 10 10 10 10 10 10 10 10 1	The Court of the C
BE	396. SHOWATURE AND TITLE OF CERTIFIER	MAN	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)
2	MASON		D37	03-	10/7/
-	THE HAMP AND ADDRESS OF BERSON WITE	COMPLETED CALLOR OF DEATH STEEL AND IN			/ /
-	A SHOW AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM 27) (Type	JOSEPH F	103PITAL Ton	SOTY MO.
T	31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEATH (ITEM 27) (Type B	JOSEPH F	LOSPITAL Ton	SOTH MO.

DNMN-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle 1 act) / 2. DATE OF DEATH MONTH DAY YEAR
	WILLIAM CLAYTON HURST 64-04-91 YEAR 5-30 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	578-10-0439 1 XM 2 - F 83 YRS. MONTHS DAYS HOURS MIN. O/-/6-08 Country) MC
OR	98. FACILITY NAME (If not institution, give street and number) ST - JOSEPH HOSPITAL POWNERN BALTO.
ដ	RESIDENCE OF DECEDENT
FUNERAL DIRECTOR	Md. Baltimore
AL.	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
ER/	526 MURDOCK Rd. 21212 U.S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 12. Was DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No- 14. RACE — American Indian, Black, White, atc.) 1 VES 2 NO 1
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+) Cabinet Maker
ME	17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Malden Surname)
	John Hurst Laura Quinn
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	Isabelle Hurst 526 Murdock Road Baltimore, Maryland 21212
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State
	1 Buriel 2 & Cremetion 3 Removal from State Green Mount Cemetery Baltimore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE MICENSEE // 22. NAME AND ADDRESS OF FACILITY
	George J. Ferrarse Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 21212
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Final
	disease or condition resulting in death) a. Spain death
	DUE TO JOR AS A CONSEQUENCE OF:
NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALLER (Message Latin UNDERLYING CALLER (Message Latin Underlying CALLER (Message
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING
E C	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
E	reaulting in death) LAST
CE	
DICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO
90	1 VES 2 NO COMPLETION OF CAUSE OF DEATH?
ME	1 □ YES 2 □ NO
ż	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Check only one) HOSPITAL: OTHER:
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)
	27. MANNER-OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? (Month) Dey/ Near) Natural 5 Pending 28c. INJURY AT WORK? (Month) Dey/ Near) 1 YES 2 NO
BY	2 Accident Investigation
TED	3 Sufeide 6 Could not ba detarmined 6 Could not ba detarmined City or Town, State)
COMPLET	29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
	25b. SIGNATURE AND TITLE OF CENTINES , 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)
BE	House hysician 038559 > 4-4-91
2	
	Thorner J. La Mann MD St Joseph Ho patel Townson MD
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	The state of the s

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a modern and reads. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DNMH-16 Rev 1/89

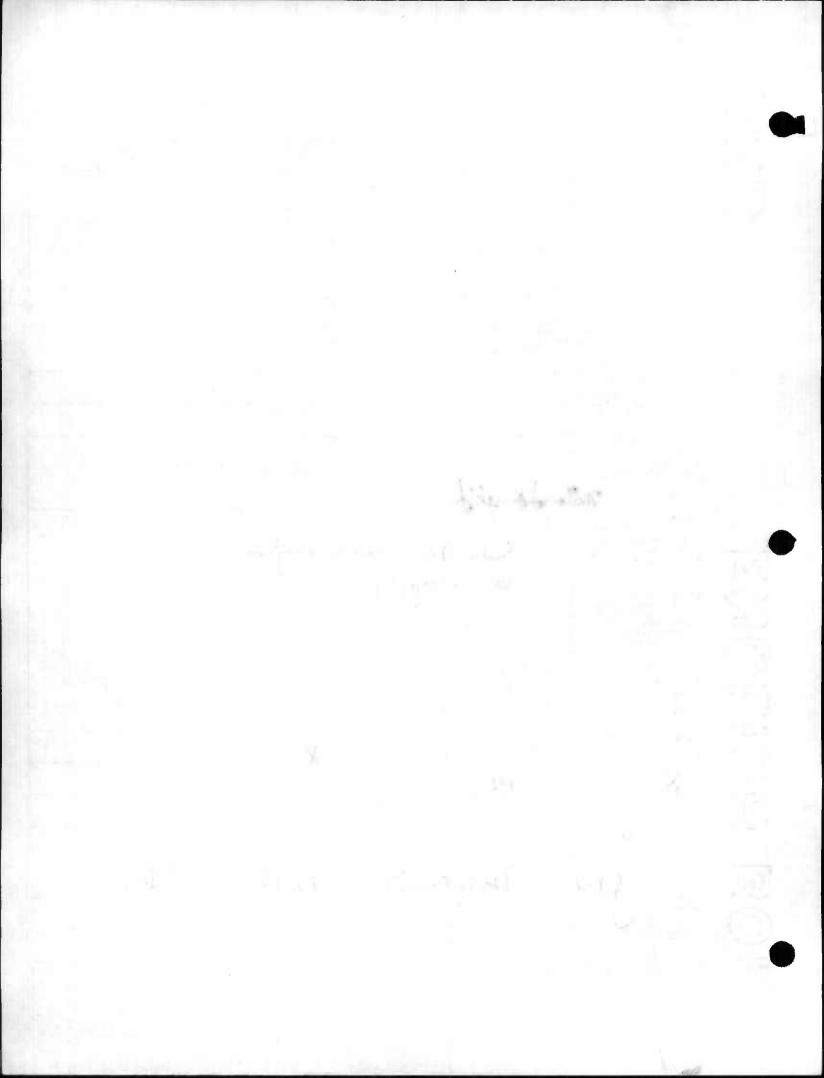
	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) CONRA	D J.	HEIMBA	СН		April 9,	" 199 1 "	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-26-7016	1 💢 M 2 🗆 F	(In yrs. last birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 8, 19	004	MRTHPLACE (State or Foreign Country) Minn.		
OR	3620 Gibbons				or Location of DE timore C:		9c. COUNTY	OF DEATH		
5	RESIDENCE OF DECEDENT	,								
FUNERAL DIRECTOR	Maryland 106. COUNT		10c. CITY		timore C:	ity		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ERAL	3620 Gibbons	Avenue			of. ZIP CODE	21214		of what country? ed States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, s		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:	1	RACE — American Indian, Black, White, etc. Specify: White		
0	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF BU	SINESS/INDUST	RY		
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during n e retired.) ltor	ost of working					
8	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE C	Ignatius	Heim!			Ka	therine	K	ilcher		
2	190. INFORMANT'S NAME (Type/Print) Marie F. Heimb	ach			ons Avenu	Houte Number City or Tow IE Baltimo		ryland 21214		
	20e. METHOD OF DISPOSITION 1 [X] Buriel 2 Cremetion 3 Rem 4 Denation 8 Other (Specify)	noval from State	ob. PLACE AND DATE of cemetary, crematory loly Redee	or other place)			cation — city ltimore	or Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Milton J	Knight Jr	22, NAME	AND ADDRESS OF FA	CILITY	21214			
	Tiulte	nd Knight	*	Lec	nard J.	Ruck, Inc.	5305	Harford Road		
	23. PART I. Enter the disesses, or shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Sidden	each line.	curgin	e arrhyt		natory arrest,	Approximate interval Between Onset and Death		
NO	Sequentially list conditions,		Condition Top of		•					
EDICAL CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	cOUE TO (OR AS	A CONSEQUENCE OF	D:						
ERTI	that initiated events resulting in death) LAST oue to (or as a consequence of): d.									
AL C	PART II. Other significent condition	ns contributing to death	but not resulting i	n the underlyi	ng ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC						1 YES :	NO NO	OF DEATH? 1 YES 2 NO		
ä										
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	Y 28b, TIM		NJURY AT /ORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, pay, Year	RY — At home, farm, a	M 1	YES 2 NO	and Location (O		2-10-4 11-4-1		
TED	3 Suicide e Could not be 4 Homicide determined	building, etc. (S)	nt — At nome, term, a pecify)	street, ractory, on	ice	28f. LOCATION (Street City or Town, State		Hurai Houte Number,		
COMPLETED	TOTAL OTHY	SICIAN: To the best of my kno ER: On the basis of examinat						ause(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Attendi	y Cordiologis		DA491		11.11	GNEO (Month, Day, Year)		
F	James Ushida				d. Baltim	ore, Maryl	and	8.77		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE				_			
	APR11 1991	Julia Davidson	- Hanas					DHMH-18 Rev 1/8		
								10 1101 110		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnerflansit bermit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . The hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fled within 70 hours after death with the State Bent, of Health and Mental Hydiens prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR	STATE OF MARYLAND /	DEDAG	TMENT OF	UEAITU	AND E	MENTAL HYCIEN		1	095/8
	1 - STATE REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)		ERTIF	ICATE OF			REG. NO.		AR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER Z 16 - 28 - 7350 9e. FACILITY NAME (If not institution, give si	5. SEX 8. AGE (In yrs. less	yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Pay, Year)		Country)	ACE (State or Foreign Constant
TOR	Pou Secours He			BALT			AIN	9c. COUNTY	OF DEAT	Н
DIRECTOR	10a. STATE 10b. COUNTY			ALT MO						d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	MONT			H. ZIP COD	2/6		10g. CITIZEN	of WHA	AT COUNTRY?
BY FON	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MED	If yes, s	CENDENT Copecity Cube	n, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE	American Indian, thite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ilve kind of	S USUAL OCCUPAT work done during n use retired.)	ION lost of worldi	ng	Soc. S			Admin.
BE COM	17. FATHER'S NAME (First, Middle, Last) MEIVIN W	1//lams			18. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)	7	
TO E	FORMANT'S NAME (Type/Print)	5 / unford à	3038	3 Cec	1/AV	E-1	Baltimo	me, r	20	21218
	20a STHOD OF DISPOSITION 1 Durlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Kother pl	OF DISPO	Vem .	PK	·Co	m. Co	CATION - CHY	OII	Le, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	X	22. NAME.	NO ADDRE	SS OF FA	arch Fo	Avenu	RE	Home 21202
	23. PART I. Enter the diseasea, or a shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition reautiting in death)	complications that caused the de List only one cause on each line	b.	Aves	otte-of dy	ing, suc	h as cardiac or resp	ratory arrest	9	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE C. DUE TO (OR AS A CONSE	OUENCE C	liens	3					
CERTI	that initiated events resulting in death) LAST	d								
PHYSICIAN: MEDICAL	DIM 1 PAULY COMPLETION OF COMP								MAILABLE PRIOR TO OMPLETION OF CAUSE	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2000	HOSPITAL:		OTHER:			eck only one)			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 3 28a. OATE DF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. I	Me 5 L R JURY AT ORK? YES 2 [6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUP	RED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	, street, factory, of	lce		281. LOCATION (Street City or Town, State)		Runal Rou	ite Number,
COMPLETED	(Orlown Gray)	ICIAN: To the best of my knowledge, de ER: On the basis of axamination and/or								and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE DF CERTIFIES	July Timou	4	Drivet	29c, LIC	267	MBER 256	29d. DATE 8	IGNED (A	forth, Day, Year)

W. BALTIMORE ST

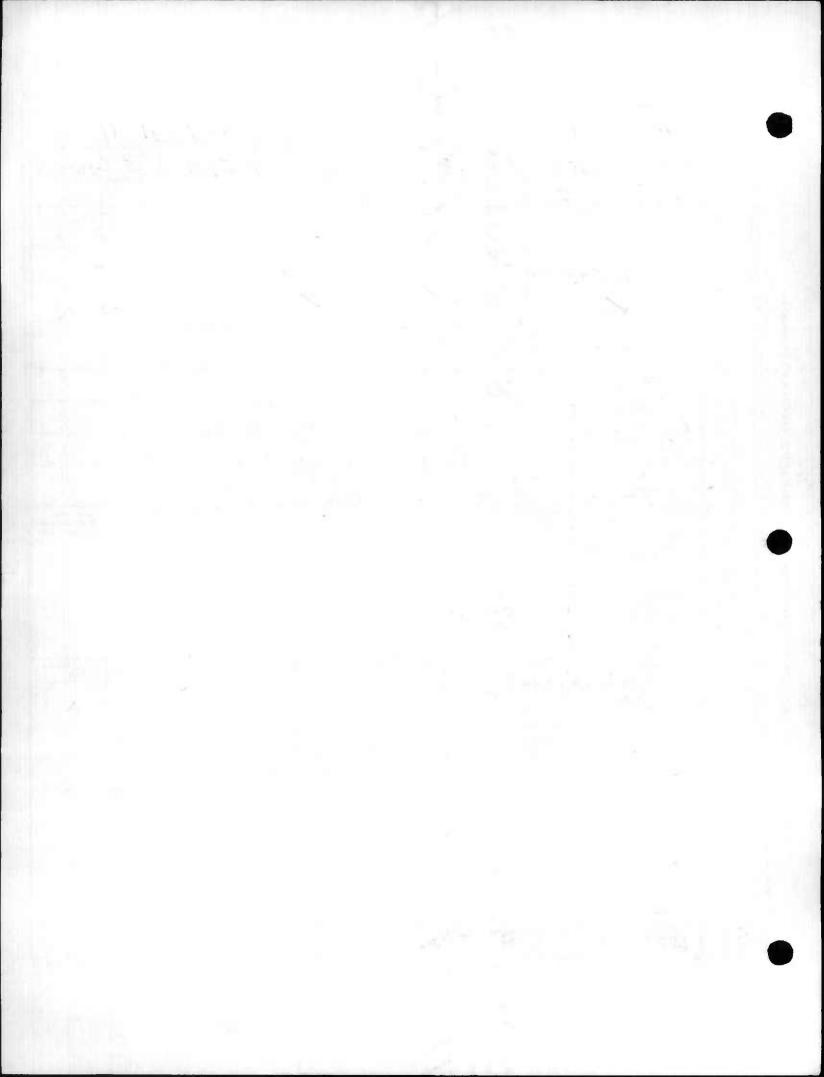
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

200 BICH DUONG, MD 2000

APR 1. 1 1991

21223

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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

mit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS

31. DATE FILED (Month, CAPR

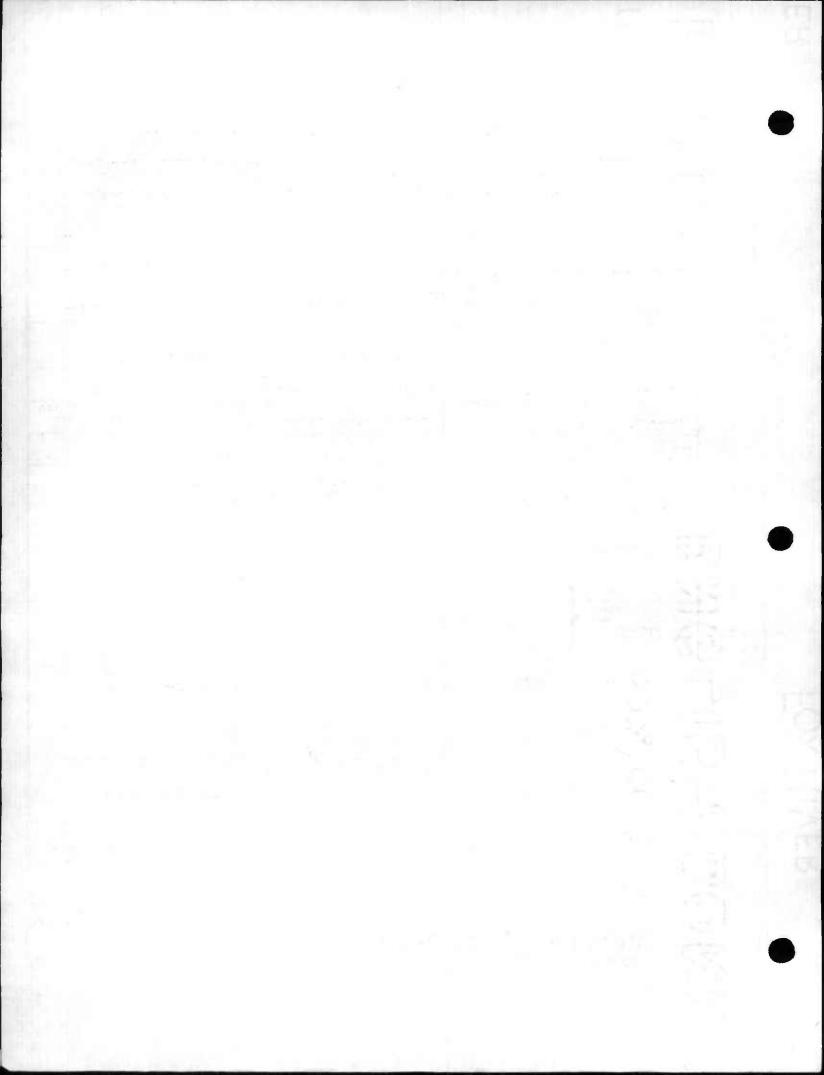
P

1991

32. RESTRAR

Year)

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO),	
1. DECEDENT'S NAME (First, Middle, Last) Wilbur	M.		Jones, Sr.		YEAR 1991	3. TIME OF DEATH
	7.7		IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 4,	Cour	HPLACE (State or Foreign try) [aryland
9a. FACILITY NAME (# not Institution, give stree 7485 Furnace Branc)			9b. CITY, TOWN OR LOCATION OF D Glen Burnie	EATH	9c. COUNTY OF	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Ani	ne Arundel	10c. CITY,	TOWN OR LOCATION Glen Bu	rnie		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 7485 Furnace Brai	nch Rd., Apt	t.C	101. ZIP CODE	21060	S. Salitan III	what country? d States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 300	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Moxic 1 YES 2 NO Speci	en, Puerto Rican, atc.)	A	CE - American Indian, ck, White, atc. White
15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	life. Do NOT use	rk done during most of working	MI CE SES	icking Co	
17. FATHER'S NAME (First, Middle, Last) Albert	м.	Jones	18. MOTHER'S N	AME (First, Middle, Maiden		ippen
19a. INFORMANT'S NAME (Type/Print) Mary E. Jones			DORESS (Street and Number or Fura Furnace Branch			21060 Jurnie, MD
Palerie X . tola	nuch		McCully Fund			
23. PART I. Enter the disease, or opinahock, or heert fellura / Listing in the condition resulting in death)	st only one cause on e	ech line.		ch as cardiac or resp	olratory arrest,	Approximate Interval Between
ahock, or heert fellura Lie IMMEDIATE CAUSE (Finel disease or condition	DUE TO (OR AS A	ech line.	cardral description of the cardral description o	ch as cardiac or resp	olratory arrest,	Approximate Interval Between
ahock, or heert fellura / List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death b	CONSEQUENCE OF)	cardual 8	of as cardiac or respondence of the control of the	N AUTOPSY 2:	Approximate Interval Betwee Onset and Deat
ahock, or heert fellura / List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditione A CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death b	CONSEQUENCE OF)	the underlying couse given in the underlying couse given in the LACL AND COTHER:	n Part I. 24a, WAS AI PERFO	N AUTOPSY 2:	Approximate Interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onse
ahock, or heert fellura / List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditione A CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTRIBUTION TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) At not resulting in	t enter the mode of dying, su Cardual S Cardual S Actus dus The underlying couse given in th	or as cardiac or respondence of the control of the	N AUTOPSY RMED? 2 AND INJURY OCCURED	Approximate Interval Betwee Onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset on

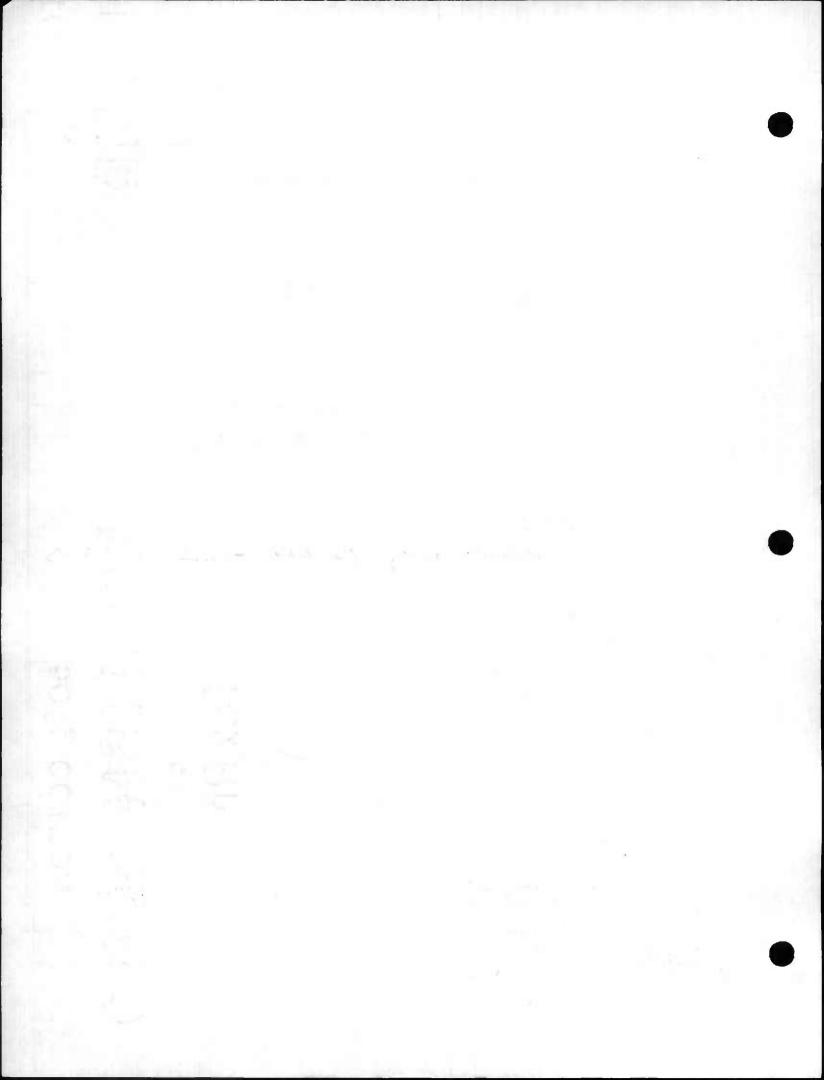


DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE HOSPITAL DIRECTORY. After this exertificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be distanced for use as the burlat-in he find within 29 hospital and Metrial Holene noir 10 burlat. Certainton, or compast, or certain and metrial Holene noir 10 burlat. Certainton, or certain and metrial Holene noir 10 burlat.	IMPORTANT IN HEM 28 IS MARKED, OF HEM 23 SHOWS ANY INTURY, OF CHIEF LIAUMAINC EVENT, THE MEDICAL EXAMINER MUST DE HOURED AT CINCK.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be uttached for up to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	LAND 21215-0020
		IMPORTANT If tem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		OINIC OI I	C			OF DEATH	MENIA	REG. NO.			55000
1. DECEDENT'S NAME (First	Middle, Last)							OF DEATH	N Y	3. 1	IME OF DEATH
		LEAHAI	W KATH	ERINE	JAS	INSKI	APF	RIL 10	, 1991		21 "
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. le		IF UNDER 1 YE		(Month	OF BIRTH		BIRTHPLAN Country)	CE (State of Foreign
219-26-4387		1 🗆 M 2 💢 F	50	YRS.			Jur	ne 16,	1940	Mary]	and
9a. FACILITY NAME (If not in						WN OR LOCATION OF D	EATH		9c. COUNTY		
6917B Dona		ourt			Balt	timore			Bal	timor	`e
RESIDENCE OF DEC	10b. COUNT	γ		10c, CITY	, TOWN OR L	OCATION				10d	. INSIDE CITY
Maryland	Bal:	timore				imore					LIMITS? YES 2 (X) NO
10e. STREET AND NUMBER	541	0211101 C		_	Darc.	10f. ZIP CODE			10g. CITIZEI		
6917B Donad	chie C	ourt				2123	9			USA	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED NO		DECENDENT OF HISPA s, specify Cuban, Mexico			or No- 14	. RACE - /	American Indian, ilta, atc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE				YES 2 NO Specif		,		Specify:	hite
15 DEC	EDENT'S EDU	CATION	I see Di	ECEDENT'S	USUAL OCCU	BATION	105	KIND OF BUI	SINESS/INDUS		mice
(Specify onl	y highest grade	completed)			vork done durin	ng most of working	100	KIND OF BU	SINESS/INDOS	THI.	
Elementary/Secondary (t	1-12)	2 Years	+)	Manag			(01100	tion O	ffico	
17. FATHER'S NAME (First, M	liddle, Last)	L TOUTS		папад	C I	18, MOTHER'S NA				IIICE	
Bernard Fit		ons				Della			Carrento)		
19a. INFORMANT'S NAME (J113	10	b. MAII INO	ADDRESS (Se	reet and Number or Rural			m State Zin Co	orde)	
Christopher		asinski				do_Ave.					A
20a. METHOD OF DISPOSIT	ION		20h JULA	NEKY V	SLIDY X	IMURIAL GARD	ENS DAT	F 20c.L0	CATION — CIT		
1 M Buriel 2 Cremetic 4 Donation 5 Other		oval from Stata			or other place		1		ltimor		
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE		1 00110		ME AND ADDRESS OF F		J Du.	CIMOI	<u> </u>	•
Jam	es 7,6	Junese Iside, Jr	elso fr	1		tchell-Wie					
23. PART I. Enter the d						00 York Rd					212 Approximate
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentielly list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Init	dons, diate	b. DUE TO	O (OR AS A CONSE	EQUENCE OF): '	1 autitil	G	ucu			Onset and Death
that initiated events resulting in deeth) LAS		d.	OR AS A CONSE	EQUENCE OF	F):						
PART II. Other algorifica	ent condition	ne contributing to	death but not	resulting i	In the under	riying cause given ir	Part I.	24a. WAS AN PERFO	RMED?	AM CO OF	RE AUTOPSY FINDINGS I/LABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL						mark and a				
EXAMINER?	O MEDICAL	HOSPITAL:	The state of the s		OTHER:	28. PLACE OF DEATH (C					
1 YES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 DOA		Home 5 Bestoence	_		INJURY OCCU	nen	
1 Natural 5	Pending Investigation		Day, Year)		IURY	WORK?	28d. DE:	SCHIBE HOW	INJURY OCCU	HED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At h	ome, farm, s	street, factory,	, office		CATION (Street or Town, State	and Number or)	Runii Route	Number,
29a. CERTIFIER 1 7 CER	ING PHY	ICIAN: To the best of	f my knowledge	leath occur	ed at the time	, data and place, and du	e to the co	usada) and e	nner on etate-d		
Control only		_				ion, death occured at th					d manner as stated,
29b. SIGNATURE AND TITL				-		29c, LICENSE NU		4.1			onth, Day, Year)
C. T.	- OF GENTIFIE	An	~			The second second	009	. (A A	J MO	L Cary, rour)
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	ISE OF DEATH //T	FM 27) /5/2-	Print)	I V	007	()	,	11/	7./
						n Md O	1204				
Arthur Ser	Year)	32, REGISTE	AR'S SIGNATURE	NU.	TOWSC	711, MU. 2	1204	··· ·			
	,	A A	SOLUTIONE.	-							



TIE!	SISTRAR		CENTIL	TOATE OF	DEATH	MEG. NO).				
	MARY D	MAREEN	NERE	HNER		2. DATE OF DEATH	7 9	3. TIME OF DEATH			
220	-09-3597	1 - M 2 XF 8	(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Menth, Day, Year) 8/14/0	2	BIRTHPLACE (State or Foreign Country)			
-	ENWAL [If not institution, give ENWAL]	street and number)		TOW:	SON	EATÁ	BAL	TO.			
RESIDI 100. STAT	E 10b. COUN	ALTO.		OWS				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10a. STRE	O South	TERIY Roa	đ		ZIP CODE	4	10g. CITIZER	OF WHAT COUNTRY?			
1 Nev	AL STATUS or Merried 2 Merried owed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	2X NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White							
Eleme	15. DECEDENT'S ED (Specify only highest grad intery/Secondery (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT I HOMEN		ON let of working	16b. KIND OF B	vn Home				
17, FATHE	R'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Melde	n Surneme)				
	Henry Herb	pert Duvall			Ada	Mille	r				
1	mmant's name (Type/Print) ert D. Recto:	Route Number, City or Town, State, Zip Code) Towson, Md. 21204									
1 LX Burl	HOD OF DISPOSITION al 2 Cremation 3 Rea	moval from State	ruid Ric	osition (Name of cer lge Cemet	ery 4-1	10-91 P	ocation — city ikesvil	or Town, State Lle, Maryland			
IMMEDI disease rasultin Sequen If any, I cause. CAUSE	TI. Enter the diseases, present a condition or condition or condition or condition or condition or condition or condition or condition or condition or conditions, and the conditions, and the conditions or conditi	a. DUE TO (OR AS		adron	and of dying, aud	Ad. Towson	olratory arrea	t, Approximata interval Betwe Onset and Da			
	g in death) LAST	a. 150	hem	r crea	+ El	nicary					
	Reva	Lamp		ure diluariyin	A canno Aisail II		N AUTOPSY DRMED? 2 DY NO	24b, WERE AUTOPSY FINDING MILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
O EXAI	CASE REFERRED TO MEDICAL	HOSPITAL:		26. P	LACE OF OEATH (C	heck only one)					
> II	YES 2 TATO	1 □ Inpatient 2 □ ER/Out	petient 3 DOA	7	ne 5 🗆 Residence	6 Other (Specify) 26d. DESCRIBE HOW	IN HIEV OCCU	PED.			
1)20	atural 5 Pending	(Month, Day, Year)		IJURY WO	YES 2 NO	200. DESCRIBE NOR	INJON'I OCCO	ALD.			
	Accident Investigation Suicide 6 Could not be determined	28e, PLACE OF INJUR	Y — At home, ferm	, atreet, factory, offic	:0	28f. LOCATION (Stree City or Town, State		Rural Route Number,			
one)	ck grily 1 NU CHITFYING PHY	SICIAN: To the best of my know NER: On the basis of examination				e time, date end place,	end due to the o				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 21) (Type, Print)

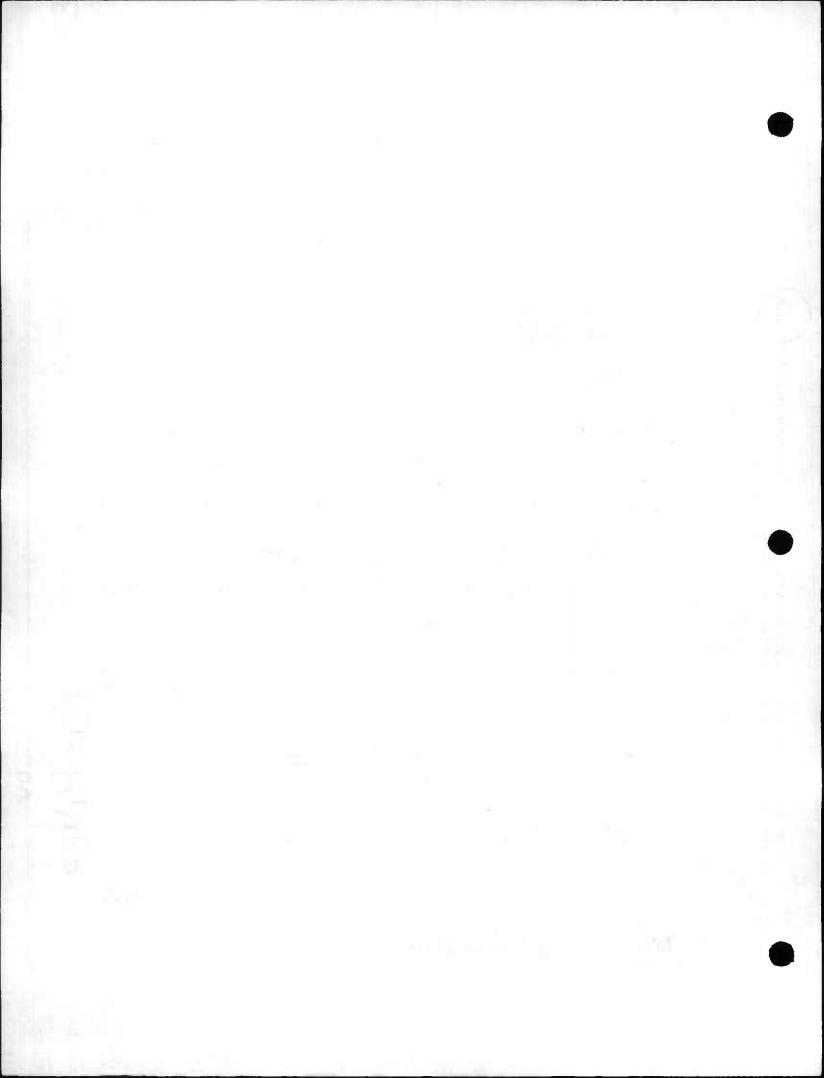
Marcelino Albuerne M.D. 516 N. Rolling Road, Baltimore, Md. 21228

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE DE filed 7 60 5 W X V GOT STATES AND A NEW YORK THE Y TO YES ON THE CL

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11. MARITAI
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STATE	0F	MARYLAND	DEPA	RTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTI	FICATE	OI	DEAT	TH		REG. NO	٥.

	FOR STATE OF MARYLAN		MENT OF H		MENTAL HYGIENE REG. NO.		00002				
	1. DECEDENT'S NAME (First, Middle, Last)		J/11 = U.		2. DATE OF DEATH		3. TIME OF DEATH				
	JOSEPH HENRY KOPPL	EMAN, S	R.		April 8.	1991	1:00 PM				
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIRT	HPLACE (State or Foreign				
	220-30-4885 1⊠ м 2 □ ೯ 5	5 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/28/1935	Coun	ryland				
	9s. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF					
5	Harbor Hospital Center		Baltimo	ore City		N/A					
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland N/A		TOWN OR LOCAT		1.7		10d. INSIDE CITY LIMITS?				
		Bdl		City (Bro	oklyn)		XX YES 2 NO				
2	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	3927 Inner Circle 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	e Apuen	Tan une pro	21225	IC ORIGIN? (Specify Year	LIS	A — American Indian,				
	1 Naver Married 2 X Married FORCES? 1XXYES	2 NO	If yes, spe	city Cuban, Mexica	n, Puerto Rican, etc.)	Blac	ck, White, etc.				
	3 ☐ Widowed 4 ☐ Divorced	:8	1 U YES	2 X NO Specify		Spen	White				
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S U	ISUAL OCCUPATIO		16b. KIND OF BUSI	NESS/INDUSTRY					
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use	retired.)	t or working							
1	6th	Carpent	ter		McManon	Constru	uction Co.				
3	17. FATHER'S NAME (First, Middle, Last)			The state of the state of	ME (First, Middle, Maiden S						
N L	Peter Pius Koppleman					ppleman					
5	19a. Informant's Name (Type/Print) Mrs. Mary M. Koppleman				Do 7 to M		25				
				Circle,		d. 2122					
		PLACE AND DATE metary, crematory of DIV Cros	or other place)			ATION City or T					
	21. SIGN TURE OF FUNERAL SERVICE LICENSEE Kevin			D ADDRESS OF FA	/12/91 Bal	timore,	Marylanu				
- 1	C C Nev III	e. Ecker	MCCu	11y Fune	ral Home o	f Brook	lyn				
4	X-20C	_			sco Ave.,		Md. 21225				
	 PART i. Ental the diseases, or complications that ceused to ahock, or heart failure. List only one cause on aac 		ot enter the mo	de of dying, suc	n aa cardiac or reapir	atory arrest,	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition	. 0	0.00	1 0	-		Onset and Death				
	resulting in death) a. ULLL DUE TO (OR AS A C	CALL OF THE OF	UN A	yanti	en						
.	- Huderton sere arterios later Carline oscilar										
2	Sequentially list conditions, out to jor as a consequence of:										
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	RO)									
≣	that initisted events	ONSEQUENCE OF):				1				
Z L	resulting in death) LAST										
	PART II. Other aignificant conditions contributing to death but	not reaulting in	n the underlying	cause given in	Part i. 24a. WAS AN	IN AUTOPSY 24b. WERE AUTOPSY FINDINGS					
5					PERFORE 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDICA					_ ' ' ' ' ' ' ' ' '	UM INO	OF DEATH?				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (Ch	ock only one)						
2	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Output		OTHER: 4 Nursing Hom	e 5 🗌 Residence	6 Other (Specify)						
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, 'bear)	26b, TIME		URY AT RK?	28d. DEȘCRIBE HOW IN	JURY OCCURED					
2	1 Natural 5 Pending 2 Accident Investigation			rES 2 NO							
ED	3 Suicide 6 Could not be 4 Homicide datermined	A1 home, farm, st	treet, factory, offic		281, LOCATION (Street a City or Town, State)	nd Number or Rura	Route Number,				
COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowled						177				
5	2 MEDICAL EXAMINER: On the basis of exemination a	and/or investigation	n, in my opinion, d	aath occured at the	time, deta and place, and	dua to the cause	(a) and manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER	11		29c. LICENSE NUI	ABER	29d. DATE SIGNE	D (Month, Day, Year)				
	Mario J- Lorda N	W		0773	ン	4111	19/				
-	30. NAME AND AMDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT			D-74.5	M T	and 01/	205				
			irth St.	, Baltim	ore, Maryl	and 21	225				
	31. DATA PR MONTH 1991 Suna Saurdson	jandelle.									



Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

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SARAH

205 14 1481

4. SOCIAL SECURITY NUMBER

WASHING TON

Maryland

11. MARITAL STATUS

12

10a. STREET AND NUMBER

3 🔀 Widowed 4 🔲 Divorced

Elementary/Secondary (0-12)

1 -

notified Pe must examiner medical the event. traumatic L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be it. DIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Merital Hygiene prior to flem 28 is marked, or item 23 shows any injury, or other traun

CERTIFICATION

PHYSICIAN: MEDICAL

BY

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TO THE HOSPITAL OF TO THE FUNERAL CO be filed within 72 h

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DIVISION

91 09583 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. OECEDENT'S NAME (First, Middle, Last) 3, TIME OF DEATH 13:38 04 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH

(Morth, Day, Year)

Aug. 1,1909 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 8 / YRS. Country) Pennsylvania DAYS HOURS 1 - M 2 F 9e. FACILITY NAME (If not institution, give etr 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH TAKOMA Lon RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION INSIDE CITY 1 YES 2 NO Silver Spring Montgomery 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 14510 Homecrest 20906 USA 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2: 2 X NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come College (1-4 or 5+) Dept. of Transportation Secretary 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Harry Fishman Minnie Kaetz 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10705 Barn Wood Lane Potomac, Md. 20854 (son) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State David King Falls Church, VA Mem. Gdns/4/9/91 22. NAME AND ACCRESS OF FACILITY
IVes-Pearson Funeral Homes Falls Church, VA 22046 Approximate interval Between Onset and Death Zd. (overva

Lowell Kairys 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State

4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSES 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Final disease or condition resulting in death) DUF TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? disease. 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 TYES 2 KNO patient 2 ER/Outpatient 3 DOA

4 🗆 Ni ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investign 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Sulcide 6 Could not be 4 Homicide

29s. CERTIFIER
(Check only
one)

METICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated
one)

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

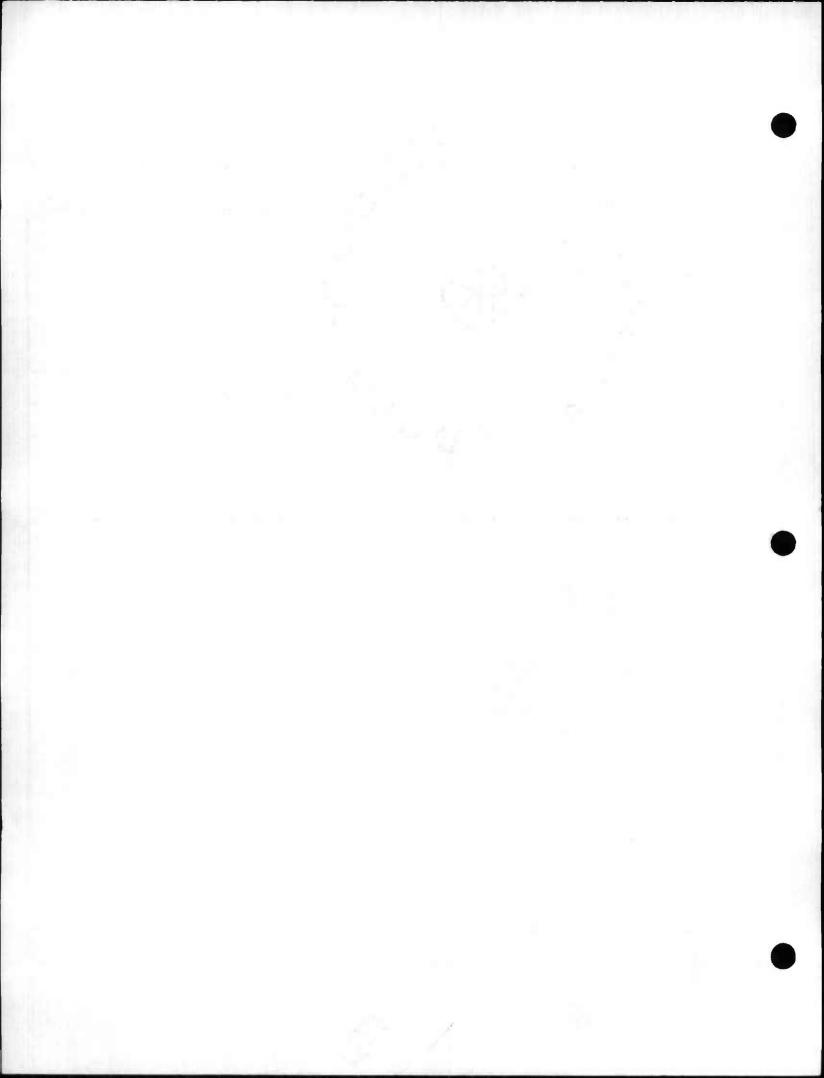
296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year
Farence Mal	D37979	D 4/7/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7500 Hanous Parkwa Green helf my -Whicker Dr -auvena mD 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) Julia Davidson-Randall APR 1 1991

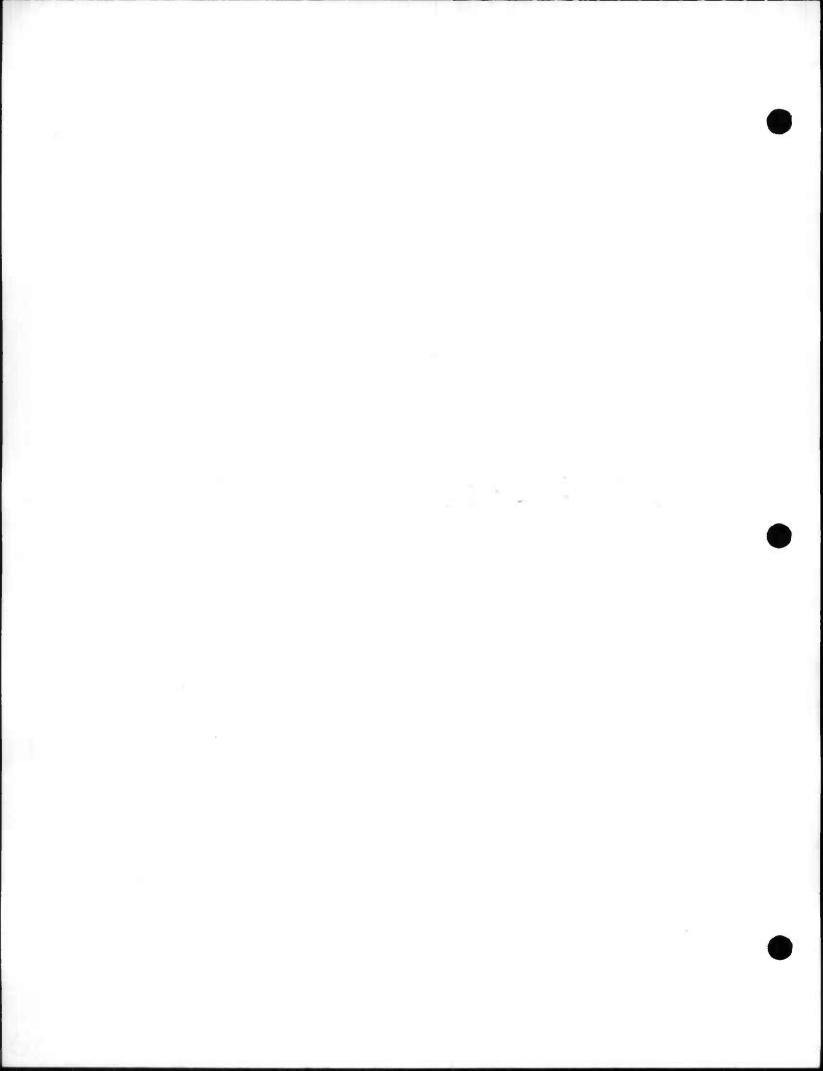
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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR			CEHIIF	ICATE	: OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			~ 43.5~		T 100-10		MON	E OF DEATH		YEAR	TIME OF DEATH
	WALTER JAMES		aka			_	KOENE			9:		3:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	- Valle	rs. lest birthday)	IF UNDER	1 YEAR DAYS	HOURS MI	/44	E OF BIRTH oth, Day, Year)		Country)	ACE (State or Foreign
ŀ	215-05-1593	1 M 2 F	82	YRS.				03	04	09		YLAND
.	9a. FACILITY NAME (If not institution, give a				9b. CITY		R LOCATION O	F DEATH		9c. COUN	TY OF DEAT	н
DIPLOID	707 WEST 33RI	STREET				BALI	TIMORE					
	10a, STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION				100	d. INSIDE CITY LIMITS?
5	MARYLAND				BAI	TIMO	DRE				10	YES 2 NO
TONEDAL	10e. STREET AND NUMBER					101.	ZIP COOE			10g. CITIZ		T COUNTRY?
	707 WEST 33RD	STREET					212	211			USA	
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDER FORCES?					ENGENT OF HI		IN? (Specify Yes	or No-	14. RACE — Bleck, W	American Indian, hita, etc.
	3 Widowed 4 Divorced	IF YES, GIVE					NO S				Specify:	
- 41	16. DECEDENT'S EDU	CATION	18	a. DECEDENT'S	USUAL O	CCUPATIO	DN .	10	Sb. KIND OF BU	SINESS/INDL		WHITE
COMP LEVE	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of life. Do NOT u	work done	during mo	st of working					
,	12TH	College (1-4 of 5	"	REGIST	TER V	VILLS	S		BALT	IMORE	CITY	
5	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	S NAME (First	, Middle, Maiden	Surname)		
u I	CHARLES KOE	VEKE					FI	EROL F	ALMER			
2	19a. INFORMANT'S NAME (Type/Print)								mber, City or Tow			
	MARGARET KOENEK	E		707 1	WEST	33RI	STRE	ET, BA	LTIMOR	E, MD	. 212	11
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Rem	oval from State	of	LACE OF DISPO					- 17	CATION — C	Sellin Marie	
	4 Donation 5 D Other (Specify)		_ DU	LANÉY '					CO	CKEYS	VILLE	, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-	1	22.	A.	ALAN S	IETZ.	JR. FU	NERAL	HOME	
	A Alla	n Ste	ch	1/1		3818	8 ROLAI	ND AVE	ENUE, B	ALTO.	, MD.	21211
П	23. PART I. Enter the diseases, or shock, or heart fellure.				not ante	the mo	de of dying,	such as ce	rdiac or rasp	iratory arre	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	List Dilly One Co	use on eeci	i iiiie.								Onset and Death
ŀ	disease or condition resulting in death)	a	Cuf	+								
		DUE TO	OR AS A CO	ONSEDUENCE O	OF):							
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)											
	If any, leading to immediate cause. Enter UNDERLYING											İ
SERVIN INCANOR	CAUSE (Disease or Injury thet initieted events	C. DUE TO	O (OR AS A CO	ONSEQUENCE O	OF):							†
	resulting in death) LAST	d.										
	PART II. Other algnificent condition	no contelleution to	a doodle bud		In the su			n In Book I	24- 980 44		0.00	THE ALERONAL ENIONICS
1	PART II. Other argumeent condition	Asth		not reauting	in the u	ngeriyini	g cause give	n in Part I.	24a. WAS AN PERFO	RMED?	AM	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE
MCDI		MOLK	ne L						1 TYES	2 M NO	0.5	DEATH?
											1	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF OEAT	H /Check naty	one)			
PHTSICIAN:	EXAMINER?	HOSPITAL:	□ ER/Outpatk	ent 3 🗆 DOA	OTHE	R:	no 5 M Regide					
	27, MANNER OF DEATH	28a. DATE O	F INJURY	28b. Til	ME OF	28c. INJ	JURY AT	_	EŞCRIBE HOW	INJURY OCC	URED	
	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN IN	M		PRK? YES 2 N	0				
	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY —	At home, farm,	atreet, fac	tory, offic	a		CATION (Street ty or Town, State		or Runal Rout	te Number,
	4 Homicide determined		,, (-,),	,					ty or rown, orano	,		
. 1	200 CECTIFIED											
	(Check only 1 (2) CERTIFYING PRESIDENT IO the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											nd manner as stated.
	one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and										
	one)		٨				29c. LICENSI	E NUMBER		29d. DATE	SIGNED (M	onth, Day, Year)
	one) 2 MEDICAL EXAMIN		N				29c. LICENSI	ENUMBER	>	29d. DATE	SIGNED (M	onth, Day, Year)
	29b. SIGNATURE AND TITLE OF CERTIFIE	HO COMPLETED CA	USE OF DEATI	Н (ITEM 27) (<i>Тур</i>			D 3	307a	<u> </u>	.	4 11	21
TO BE COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIE	HEDIA	USE OF DEATH	201	e, Print)	U	29c. LICENSI	RWY	<u> </u>	ALTO	4 11	100th, Day, Year)



DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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ath certificate be executed within 24 hours after dea	physician	one prior to	her traun
death cert	e attending	lental Hygie	ury, or ot
es that the	gned by th	safth and N	ir item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
The law requires th	as been si	Dept. of He	23 show
ICIAN: The	ertificate h	the State (or item
SVH SNIC	After this c	death with	marked,
D THE HOSPITAL OR ATTENDING PHYSICIAN: Th	THE FUNERAL OIRECTOR: After this certif	ours after	MPORTANT: If item 28 is marked, or item 23 shows any injury, or o
HOSPITAL (FUNERAL C	within 72 h	TANTE IF IL
O THE	O THE	e filed	MPOR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR OSSIE KECK 1991 APRIL 02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 🗌 M 2 💢 F 100 219-28-9558 04/17/1890 VIRGINIA 9a. FACILITY NAME (If not institution, give atreet and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH INNS OF EVERGREEN NURSING CONV BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3605 LABYRINTH ROAD APT. A-221215 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2X 100 1 Never Married 2 Married 1 YES 2 NO Specify: BLACK 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) FUR OUTLET 11TH GRADE SEAMSTRESS 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) SMITH VIRGINIA ROBERT 19a. tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21215 KATHARINE PALMER 3605 LABYRINTH RD, APT. A-2, BALTO, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State 20a_METNOD OF DISPOSITION

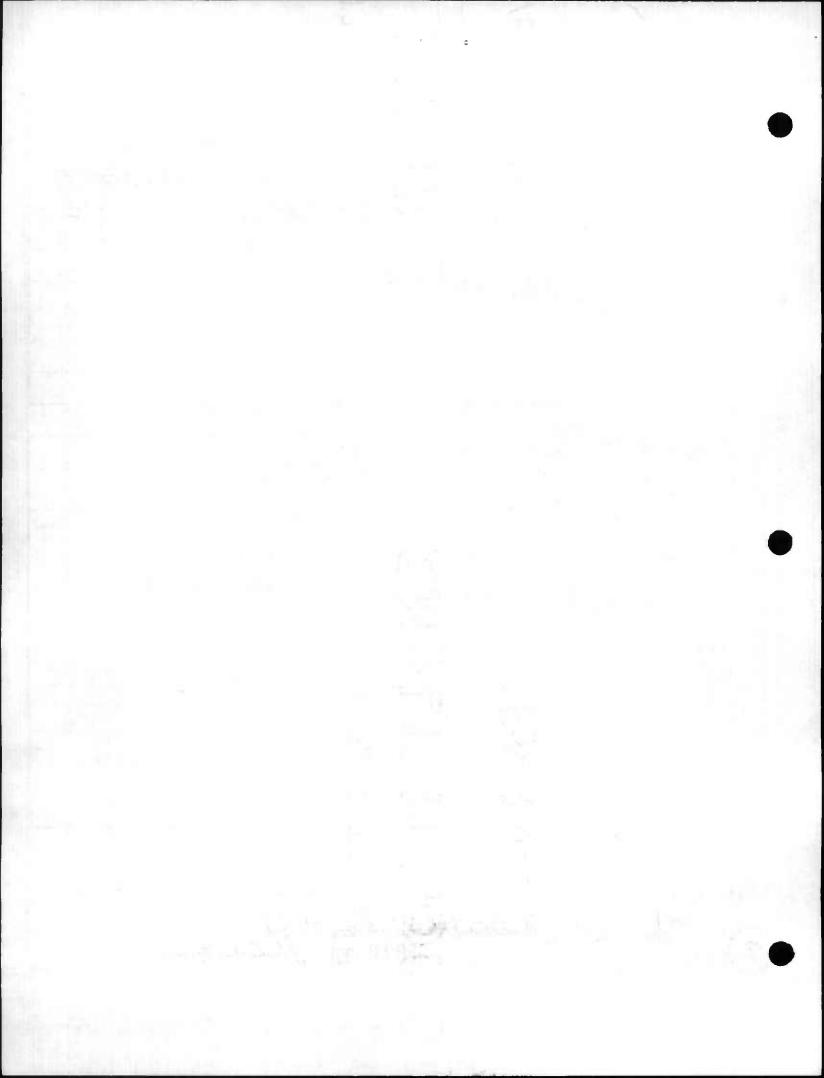
ALABuriat 2 □ Cremation 3 □ Removal from State of cometany cremato. CALVARY CEM. 4/8/91ANNE ARUNDEL CO, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HOMES, INC. 21216 2501 GWYNNS FALLS PKWY., BALTO, MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock/or heart fellure. List only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** Acute Cerebro Vascular accident disease or condition_ resulting in deeth) sclerotic Cereprovasi disen thero Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Nomicide datermined 29s. CERTIFIER

(Check anily

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) Am atan 0



Sulia Davidson Randa

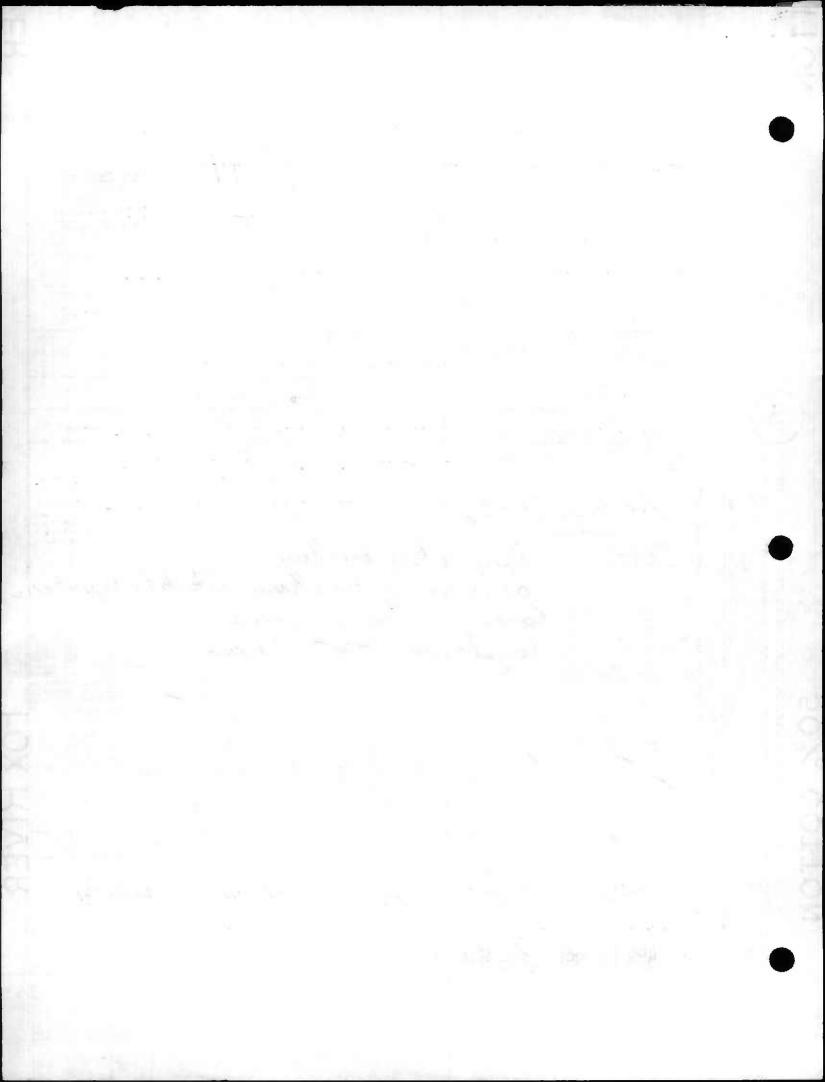


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after teath. Plays it may be presented by A hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the numer amenine page 3 sections.	1	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR	DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hen
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31. DATE FILEO (Month, Day, Year)
APR 1 1 1991

32. SEGISTRAR'S SIGNATURE
Julia Davidson-Randall

	FOR	STATE OF MAR'	/LAND / DEPARTM	IENT OF HEALTH AND	MENTAL HYGIEN	91	09586		
	1 - STATE REGISTRAR			ATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) PETER L	eopole	LIS	OWSKY	2. DATE OF DEATH DO ON THE ONE OF		OO PM M		
	4. SOCIAL SECURITY NUMBER 216-05-2852	5. SEX 8. AC		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month) Pay (Your)	8. BIRTNPLAC Country)	E (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give str NORTH ARUNDEL HOS			GLEN BURNIE	DEATN	9c. COUNTY OF DEATH			
DIRECTOR	10e. STATE 10b. COUNTY Maryland Anne	Arundel	10e. CITY, T	own or Location Hanover			INSIDE CITY LIMITS? YES 2 NO		
FUNERAL I	100. STREET AND NUMBER 1369 Weeping Wil:	low Road		101. ZIP CODE 21076		109. CITIZEN OF WHAT			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR SERVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 NO Speci	an, Puerto Rican, etc.)	Black, Whi	merican Indian, ite, etc. White		
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use re	done during most of working	Westing	thouse			
	17. FATHER'S NAME (First, Middle, Last) John Lisowsky			16. MOTHER'S N	AME (First, Middle, Maiden a Bernoski				
BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street and Number or Rural	I Route Number, City or Tow	n. State. Zip Code)			
2	Arthur Lisowsk	V	1366	Weeping Willo		nover, MD.	21076		
	20e. METHOD OF DISPOSITION 1 Spuriat 2 Cremation 3 Remo		20b. PLACE AND DATE OF Cornectory or HO LY Trini		DATE 20c LO	CATION — City or Town, S	tate D		
	21. SIGNATURE OF FUNERAL SERVICE LEC		1/2	22. NAME AND ADDRESS OF F	ACIUTY Dippel	Funeral H	ome, Inc. 21206		
	23. PART I. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Final						Approximata Interval Batween Onset and Death		
	disease or condition reaulting in death)	DUE TO OR I	inatoy						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO FOR AS A CONSEQUENCE OF: The Churce Materials Deposit to t								
5		conjex	TILL	11000	terens				
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Sheck only one)				
Sic	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		THER:					
	27. MANNER OF DEATN 1 Netural 5 Pending	26a. DATE OF INJU (Month, Day, Yes	RY 28b. TIME C	F 28c, INJURY AT	28d. DESCRIBE NOW	NJURY OCCURED			
TED BY	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, ferm, stre Specify)	et, fectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	one)			at the time, data end place, and do			manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	OTH	1 m	29c. LICENSE N	000/	29d. DATE SIGNED (Mor	ith, Gay, Year)		
0	DR. G.A. PRAFF. M.			SW/GLEN BURNT	E MD 2106	51			



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8 is marked, or item 23 snows any injury, or other traumatic event, the medical examiner must be	
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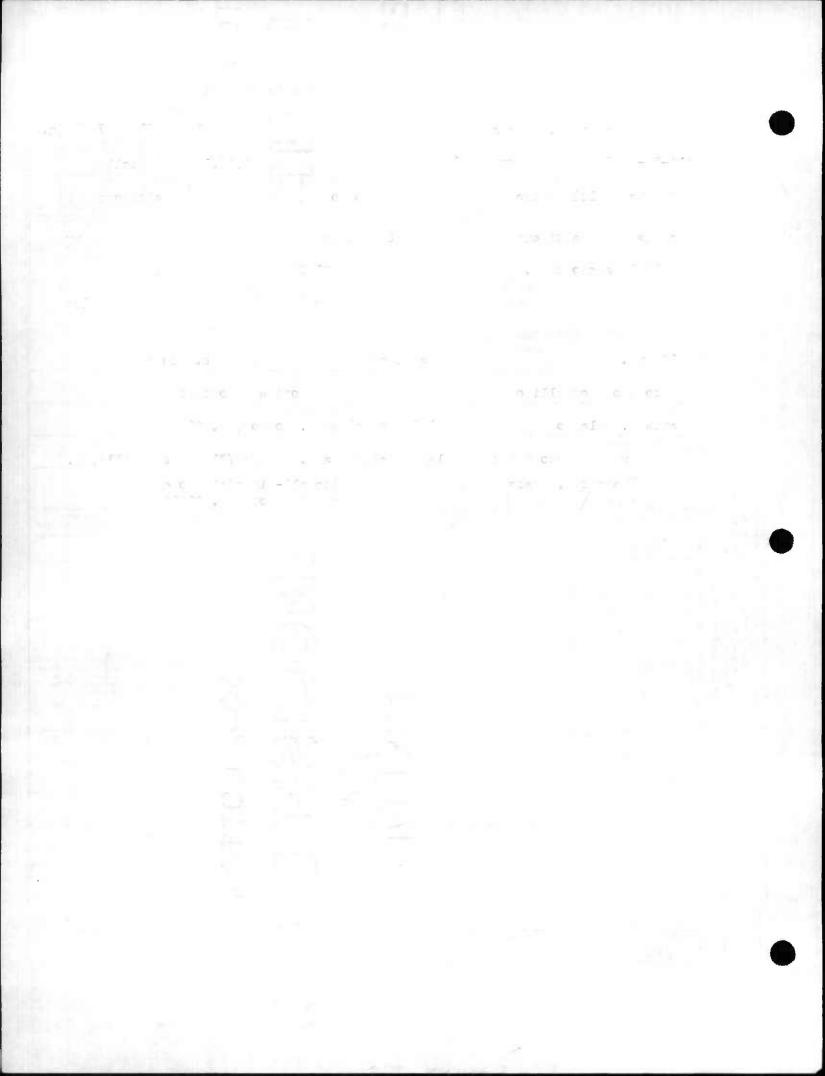
32. REGISTRAR'S SIGNATURE

91

31. DATE FILEO (Month, Day, Year)

APR 1 1 1991

Maria C.	Lucia			1	2.	OATE OF DEATH	DAY 9"	3. TIME OF DEATH 7:07 P.			
07/ 70 (067	SEX 6	AGE (In yrs. lest birthday) 81 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	24 HRS. 7. E	Month Pay Year)	8.	BIRTHPLACE (State or Foreign Country) Sicily			
9a. FACILITY NAME (If not institution, give street Meridian Multi Med			96. CITY, TOWN TOWS		N OF OEATH		9c. COUNTY Balt	of DEATH Cimore			
Maryland Baltin	nore	NATION AND ADDRESS OF THE PARTY	y, town on Local thervil					10d. INSIDE CITY LIMITS? 1 YES XX NO			
100. STREET AND NUMBER 1201 Oakcroft R		10	2109:			U.S.	of what country?				
11. MARITAL STATUS 1		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s		, Mexican, Pu	RIGIN? (Specify Your orto Rican, etc.)	na or No 14.	RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDUCATION (Specify only highest grade complete and specify (0-12) Complete and specify (0-12) Complete and specific and	16a. DECEDENT'S (Give kind of life. Do NOT u Seamst	USUAL OCCUPAT work done during in se retired.)	ION ost of working	7	Dept	Store	TRY				
17. FATHER'S NAME (First, Middle, Lest) Antonino Borsell	lino				ers name (First, Middle, Maide Shorti					
Antonino Borsellino Rosina Shortino 19a. Informant's NAME (Type/Print) Maria A. Orlando 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1020 Roxleigh Rd. Towson, Md. 21204											
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Bernoval 4 Donation 5 Kother (Specify) LICO	from State	20b. PLACE AND DAT of cemetary, cremator, Dulaney			4/	6/91	CATION - City Luther	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 5xx 6500 York Rd. 21212											
23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one could	an sath line.	ce v	ode of dylr	ng, auch aa	cerdiac or rea	piretory arreat	Approximeta Interval Between Onset and Dast			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1											
	OSPITAL:	ER/Outpatient 3 DOA	OTHER:		EATH (Check of						
27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY 26b, TII	WE OF 26c. If	JURY AT YORK?	284	I. DESCRIBE HOW	INJURY OCCUP	RED			
1 Natural 5 Pending	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF building, e	tc. (Specify)				City or lown, State	(4)				

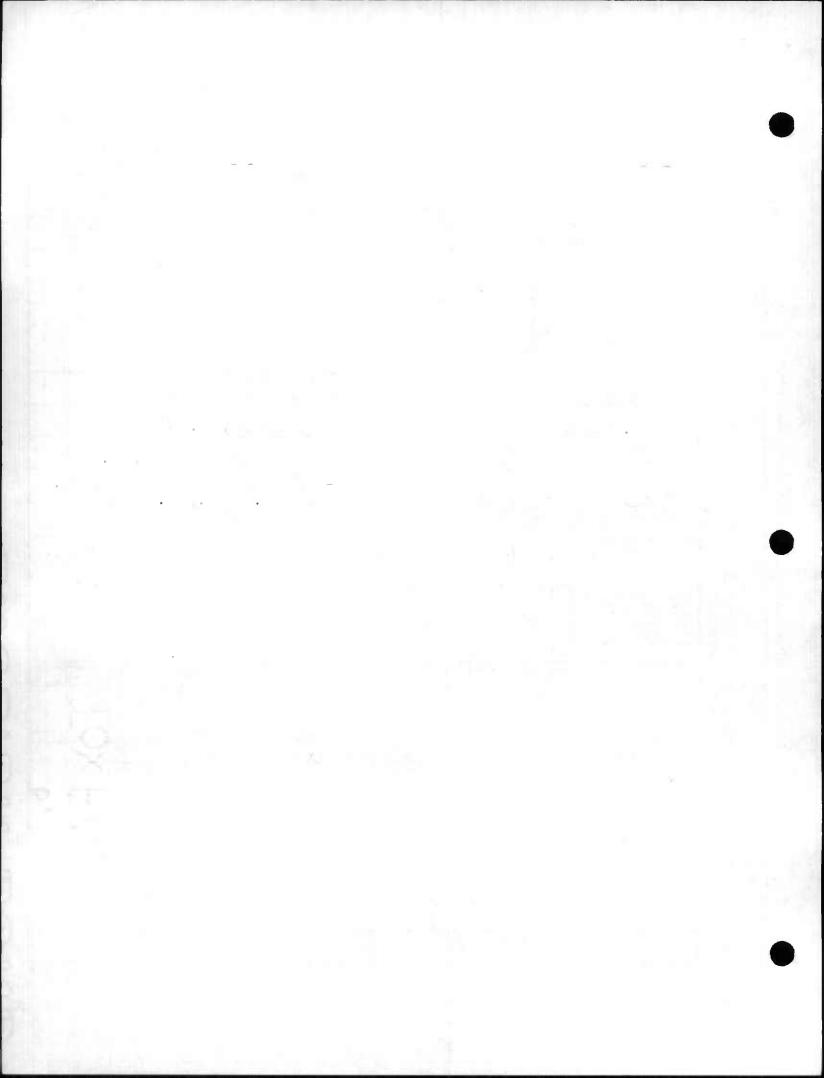


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1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TIEGIOTTIAIT				OLITTI	IOAI	_ 01	PLA		NEG. NO			
	1. DECEDENT'S NAME (Firs LINDA LEE L		***							2. DATE OF DEATH MONTH DA	991	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM 219-50-7281	BER	5. SEX	6. AGE (In y	rs. last birthday) YRS.	IF UNDE	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH	a. BIRTHPLA		LACE (State or Foreign
20	90. FACILITY NAME (If not I	Road	treet end number)				Bb. CITY, TOWN OR LOCATION OF DEATH Dundalk Baltimore						
5	RESIDENCE OF DE	I de sa											
- DIRECTOR	Maryland		Vrundel			r, rown is ade	na						10d, INSIDE CITY LIMITS? 1 YES 2 NO
2	8440 Garden						1	01. ZIP COD 211			10.7		tates
	11. MARITAL STATUS	. Kouu	12 WAS DECEDED	NT EVED IN II	S ADMED	10	WILC OF			HC ORIGIN? (Specify Yes			- American Indian,
BY FUNERAL	1 Never Merried 2 X 3 Widowed 4 Div		12. WAS DECEDER FORCES? IF YES, GIVE	YES :	2 (10		If yes, s	s 2 NO	ın, Mexica	n, Puerto Rican, etc.)	or no—	Black, Specify	White, atc.
3	15. DE	16	Sa. OECEDENT'	S USUAL (OCCUPAT	TION nost of world	na	16b. KINO OF BU	SINESS/IN	DUSTRY			
COMPLE	12 th grade	+)	(Give kind of life. Do NOT)			Squires	Res	taura	ent		
5	17. FATHER'S NAME (First, I						ME (First, Middle, Maiden						
u u	Clarence Lowe								-	Lou Burwri			
2										Route Number, City or Tow adena, Md.			
							sposition (Name DATE 20c. LOCATION — City or Town, State Lematory 4/10 Baltimore, Md.					ld.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						Dude 792	AND ADDRE	R FU	neral Home e. Balto.,	. of	Dunda	lk, Inc.
	23. PART i. Enter the cahock, or i	heart failure.	complications the			not ente	_						Approximate interval Between Onset and Death
	disease or condition resulting in death)	Des cal	CONIA	on:	461	ancy					8 weeks		
5	Sequentially list conditions, METOSTOTIC BREAST CONCER											2 years	
HILICALION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	cDUE TO	E OF):										
3			d										-
MEDICAL	PART II. Other aignific	in the u	Inderlyi	ng cause	given In	Part i. 24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
2													
PHYSICIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	□ ED/Output	a [] pos	ОТНЕ	R:	- 3		eck only one)			
BY PHY	27. MANNER OF DEATH	Pending Investigation	26e. DATE O		26b. Ti	IME OF NJURY M	28c. II	NJURY AT WORK? YES 2 [6 Other (Specify) 28d. OE\$CRIBE HOW	INJURY O	CCURED	
2	3 Suicide 6 4 Homicide	- At home, farm	, street, fa	street, factory, office 281. LOCATION (Street and Number or Flural Route Number, City or Town, State)					oute Number,				
COMPLE	contain only									to the cause(s) and ma			end manner as stated.
O BE C	29b. SIGNADINE AND TITL		29c. LIC	CENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)					
	30. NAME AND ADDRESS	OF PERSON WH	LOVITS	KY N	1 · 0 .	pe, Print)	6	J. N. 1	٧.				
	31. DATE FILEO (Month, Day	AP	R 1 199	AR'S SIGNAT	1.D. URE David	Sor-1	anda	.38.					



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR		STATE OF M	MARYLAND A		TMENT (MENTA	L HYGIEN REG. NO.			09589
1. DECEDENT'S NAME (First	st, Middle, Last)								OF DEATH		un e	3. TIME OF DEATN
VIRG	IL		Мс	CORI	V			Ma	rch 28	[.199]	YEAR	4:30 P M
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. la	at birthday)	IF UNDER 1 Y		F UNDER 24 HRS.	7 DATE	OF BIRTH		8. BIRTNP	LACE (State or Foreign
224-60-53	94	1 🙀 M 2 🗌 F	32	YRS.	MONTHS D	DAYS H	OURS MIN.	Jun	e 25, 1	958	Vir	ginia
9a. FACILITY NAME (If not	institution, give a	treet and number)			9b. CITY, TO	OWN OR	LOCATION OF DE	EATN		9c. COUN		
FORT :	FOOTE	PARK			For	t	Washin	ngto	n	PRI	NCE	GEORGE
10a. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN OR	LOCATION	N				1	IOd. INSIDE CITY
Maryland	Princ	e Georg	e	For			hingto	n				LIMITS?
10e. STREET AND NUMBER	1						IP CODE			10g. CITIZ		IAT COUNTRY?
221	Eagle	Drive				2	0744				USA	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED			DENT OF NISPA			or No-	14. RACE -	- American Indian, White, atc.
1 Never Married 2 3 Widowed 4 Div		IF YES, GIVE V		NO			ly Cuban, Maxica NO Specif		Hican, atc.)		BLAC	
724/100/2												C K
15. DE (Specify or	CEDENT'S EDU	completed)	(0	ECEDENT'S Give kind of a Do NOT us	USUAL OCCU	CUPATION ring most o	of working	18t	. KIND OF BUS	SINESS/INDU	JSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	rive	,				Taxi	Cab	0.0	mpany
12th	A Modello . J. a. a.b.) L I V (ET						0.0	mpany
VIRGIL	MIODIE, LEST)	Mad	Corn	Sr.		'	6. MOTNER'S NA			Surname) Murr	0.17	
19a. INFORMANT'S NAME	(Time/Drint)	HCC			ADDDESO /	011	Number or Rural					
Bertha V		N	1									nia 22305
20a. METHOD QF OISPOSI	TION					_	ery, crematory or	CAG		CATION C		
1 Buriel 2 B Cremet 4 Donation 5 Other	Ion 3 Rem	oval from State	Lee	(anal	remai							D.C.
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE	1		22. NA	AME AND	ADDRESS OF FA	CILITY C	hinn	Fune	ral	Service
▶ Rob	ent B	Bala	er Ar.	4-111	91							ton,Va.
23. PART I. Enter the	diseases, or o	complications the	t caused the d	eeth. Do i	not enter th	ne mode	of dyling, suc	h as car	dlec or respi	ratory arre	ent,	Approximata Interval Between
IMMEDIATE CAUSE (F	inel											Onset and Dasth
disease or condition resulting in deeth)	\rightarrow	. Drow	ning									
		DUE TO	(OR AS A CONSE	QUENCE O	F):							
Sequentially list cond	Itlana (b				_						
If any, leading to imm	ediete	DUE TO	(OR AS A CONSE	OUENCE O	F):							
CAUSE (Disease or in		C. DUE TO	(OR AS A CONSE	OUENCE O	D.							
that initieted events resulting in deeth) LA	ST	DOE TO	(OR AS A CONSE	QUENCE U	e):							
		d						_				
PART II. Other signific	ant condition	s contributing to	death but not	resulting	in the unde	erlying o	ause given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
												OF DEATH?
25. WAS CASE REFERRED	TO MEDICAL						E OF DEATH (C)	neck only o	ne)			
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	ng Home	5 Residenca	8 🗆 Oth	er (Specify) F	ORT	FOOT	TE PARK
27. MANNER OF DEATN		28a. DATE Of (Month, E	INJURY	28b. TIN	ME OF 21	8c. INJUR	Y AT	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
1 Natural 5	Pending	Annro	x 3-14-	- 9 1 11	NKM		2 1X NO	LTum	ned i	nto	Ris	701

2 Accident
3 Suicide
4 Homicide 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Fown, State) FOUND FORT FOOTE PAR 6 Could not be datarmined FOOTE PARK River 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 🖾 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end piece, and due to the cause(e)

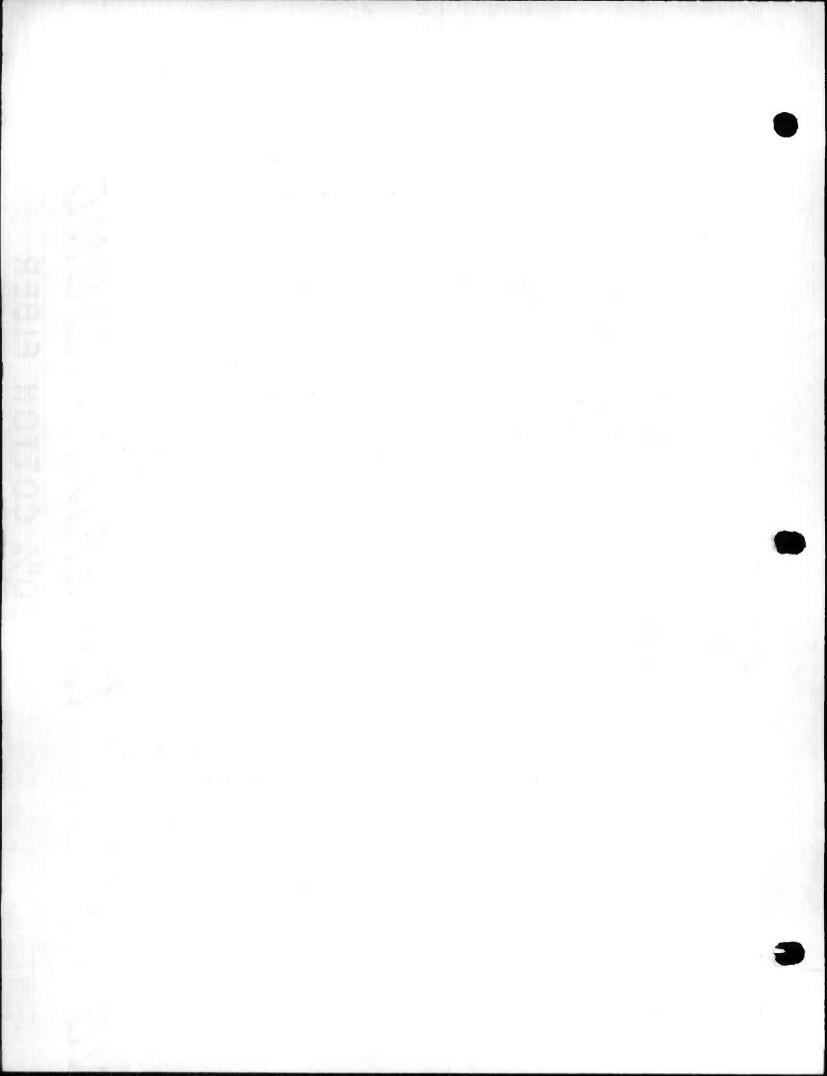
AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) A.M.

DIXON 111 North Penn Street Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE

hie Davidson-Randelle 1991





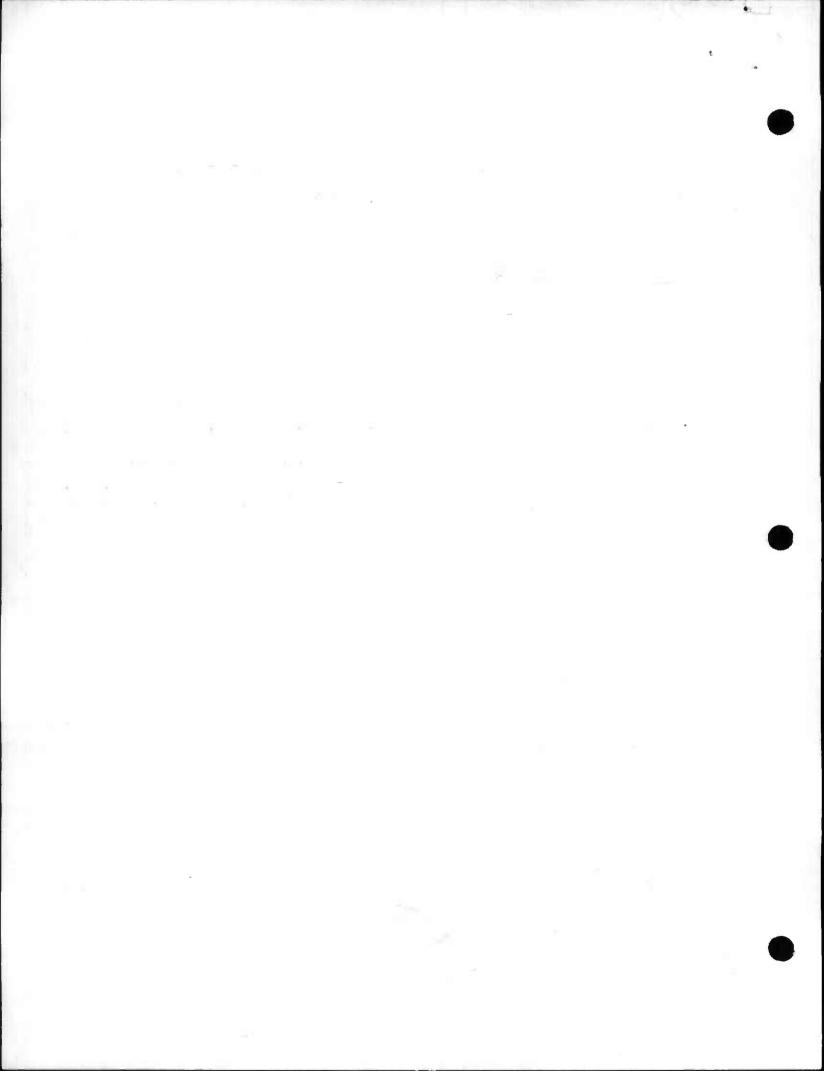
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	REGISTRAR		CERTIF	CATE C	OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH MONTH D	AV YFAI	3. TIME OF DEATH	
	CLYDE R. MILLER					4 8	91		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 01 - 07 - 1	8. BIF	TTHPLACE (State or Foreig NNSYLVANIA	
	213 07 0812 9a. FACILITY NAME (If not institution, give s	M 2 F	97 YRS.	ar Clan and	WN OR LOCATION OF O		94 PE		
œ			חס	Ft. H		EATH	BALTIM		
	VA MEDICAL CENTER	, FUKI HOWAI	ND]	II. II	UWAKU		DALITA	OKL	
DIMECTOR	10a. STATE 10b. COUNTY			, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?	
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LONERAL	10e. STREET AND NUMBER	84 Dundalk	Avenue		101. ZIP COOE 21222		USA	F WHAT COUNTRY?	
מו ומ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	IN U.S. ARMED S 2 NO DATES	If ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Specif	an, Puerto Rican, etc.)	Specify:			
	15. DECEDENT'S EDU	WWI - Army	16a. DECEDENT'S	USUAL OCCU	PATION	16P KIND OF BIL	SINESS/INDUSTR	HITE	
<u></u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of v	vork done durin	g most of working	Too. Kills of Bo	3111239/111003111		
2	8th Grade	College (1-4 or 5+)	GAGER			Bethl	ehem St	eel	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Malden	Surname)		
w II	MARSHALL MILLER				REBECCA	A REESE			
10 8	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov			
F	R. Arline Fiorenz	α	3 F.	lagshi	p Road, Bo	altimore, 1	ND 21222		
	R99 METHOD OF DISPOSITION	oval from State	ob. PLACE OF DISPOS other glace)	SITION (Name	of cametery, crematory or	20c. LC	CATION — City of		
	4 Donation 5 Other (Specify)		Jak Laivn 1	Cemete	ry 4/9/9	91 Bo	ultimore	. MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD 21222								
	23. PART I. Enter the diseases, or	complications that cause	ad the death. Do s					Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		IC HEART		SE			Onset and E	
ATION	Sequentially list conditions, If any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Cause. Enter UNDERLYING C. Due to (or as a consequence of): that initiated events reaulting in death) LAST								
	PART II. Other algorificant condition	na contributing to death	but not resulting	in the under	dylna ceuse alven ir	Part I 24a WAS AI	AUTOPSY	24b. WERE AUTOPSY FIND	
: MEDICAL CI		DIAGETES MELLITUS. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO							
Ä	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	86. PLACE OF DEATH (C				
2	1 YES 2/ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou			Home 5 Residence	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	2	
	1 Netural 5 Pending	(Month, Day, Year,		IURY	WORK?	200. DESCRIBE HOW	MJORT OCCUPE		
8	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUI	RY — At home, ferm,			281. LOCATION (Street	and Number or Pri	ral Route Number	
COMPLETED BY PH	4 Homicide 8 Could not be determined	building, atc. (St	pecify)			City or Town, State			
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
S O	one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated								
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	mel	MD		29c. LICENSE NU	JMBER	29d. DATE SIG	NED (Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WI						- /	/	
			9600 NORT	H POIN	T ROAD, FO	ORT HOWARD	, MD. 21	.052	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE						
- 1	APK11 1991 4	Julia Davidson-1	anaces						
i i	New 74 0 30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	9600 NORT				D 4/	8/91	

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

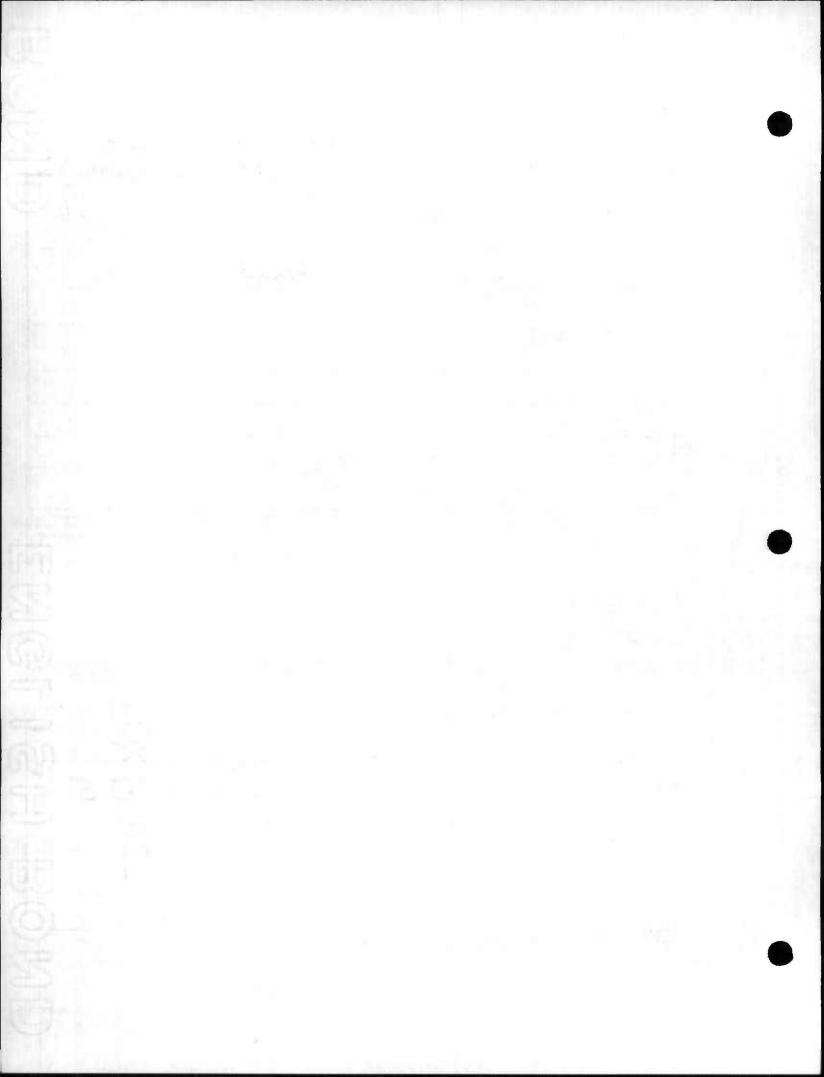


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR A	DIREC	tem
-	PITAL	RAL 22	1113
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	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the second Library of the control of the second law in the control of the contro	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined his befilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	5	2 8	=

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLANI	D / DEPAI CERTIF	RTMENT (OF H	EALTH DEAT	AND I	MENTA	L HYGIE	W.L.		9591
	1. DECEDENT'S NAME (First, Middle, Last) Gerald	Pitts							2. DATE MONT	agents.	DAY - 91	PRAT	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219 281346	5. SEX 1 M 2 F	6. AGE (In yr	s. lest birthday) YRS.	IF UNDER 1 1	YEAR DAYS	IF UNDER	24 HRS.		of BIRTH th, Day, Year)		8. BIRTHE Country	
TOR	98. FACILITY NAME (If not institution, give street and number) 102 N Paca 98. CITY, TOWN OR LOCATION OF DEATH CENTURY Home St Baltmore Recognition											City	
DIRECTOR	10e. STATE 10b. COUNT	TY .		10c, CI	ry, TOWN OR Balt					100			10d. INSIDE CITY LIMITS? 1 P YES 2 NO
FUNERAL	100. STREET AND NUMBER 2 S. MOT	roe St.				-	ZIP COD	1/2	23		10g. CITI	U.S.	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	B. ARMED	If y	es, spe		n, Mexica	n, Puerto	∜? (Specify ¥ Rican, atc.)	es or No—		- American Indian, White, atc.		
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	Give kind of the Do NOT to	work done dur ise retired.)	ing mos	st of working	ng	16b. KIND OF BUSINESS/INDUSTRY Education						
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Theodore R.	Pitt	s				18. MOT			Middle, Meide	n Sumame) orema	n	
TO B	19a. INFORMANT'S NAME (Type/Print) Elder Alton R.	Pitts			ADDRESS (S								Md. 21215
	20a METHOD OF DISPOSITION *PEF Buriel 2 Cremation 3 C Rer 4 Donation 5 Other (Specify)	LACE ANO DATE OF DISPOSITION (Name netary, crematory or other place)							ocation – alto.				
	21. SIGNATURE OF FUNERAL SERVICE L	=N	Jan	mes		Mo	rto	n & S t. B	Sons	- Mo	R. 21217		
	23. PART 1. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	CIMO	oma of the Colon consequence of):						piratory ar	rest,	Approximate Interval Between Onset and Deati	
CERTIFICATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inklated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF): d												
MEDICAL	PART II. Other algorificant condition Typoxi Severe	_	ncer mt				cause	given in	Part I.		AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatie	ont 3 🗆 DOA	OTHER:				8 🗆 Oth	ne) er (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. Ti	ME OF 2	WO	URY AT PRK? YES 2 [] NO	28d. DE	SCRIBE HOV	V INJURY OC	CURED			
ETED E	3 Suicide 6 Could not be 4 Homicide detarmined	At home, farm	street, factor	y, offic	•			CATION (Street or Town, Sta	et and Numbe te)	or or Rural A	oute Number,		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.								and menner as stated.					
BE	29b. SIGNATURE TIPO TITLE OF CERTIFI	tem	ara	u)		29c. LIC	ENSE NU	MBER 27		29d. DAT	TE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAN	JSE OF DEATH	HEEL CO	oe, Print)	lte	M.	Are	20	2	Ball	4	md 21229
	31. DATE FILED (Month, Day, Year) APR 1 1 1991		AR'S SIGNATU	IRE indall	wil	~ (, , ,			1	-	



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital of attenting physician.	filled in by the funeral director, page 5 should be detached for use as the burgil-trans on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgatrans hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

HOSPITAL

FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 9, 1991 YEAR Evelyn C. Prevost April 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 214-01-2595A 1 M 2 V F 1910 Maryland Oct. 14, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 11 Mopec Circle DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Baltimore 1 - YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE U.S.A. 11 Mopec Circle 21236 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married Specify: White 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high dary (0-12) College (1-4 or 8+) Homemaker Own Home 9 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Ħ Fink Anna Schmeiser BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 8527 Pleasant Plains Road, Towson, Md. Donald O. Hunt 21204 9 20b. PLACE AND DATE OF DISPOSITION (Name of Parkwood or Cemetery 20c. LOCATION - City or Town, State HUST Parkville, Maryland 4-12-91 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. Wallace S. 1050 York Road, Towson, Md 21204 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel 9 disease or condition melanoma, Primary lift ige resulting in deeth) event, traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST ö n cu' PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL PERFORMED? WAILABLE PRIOR TO Aue COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

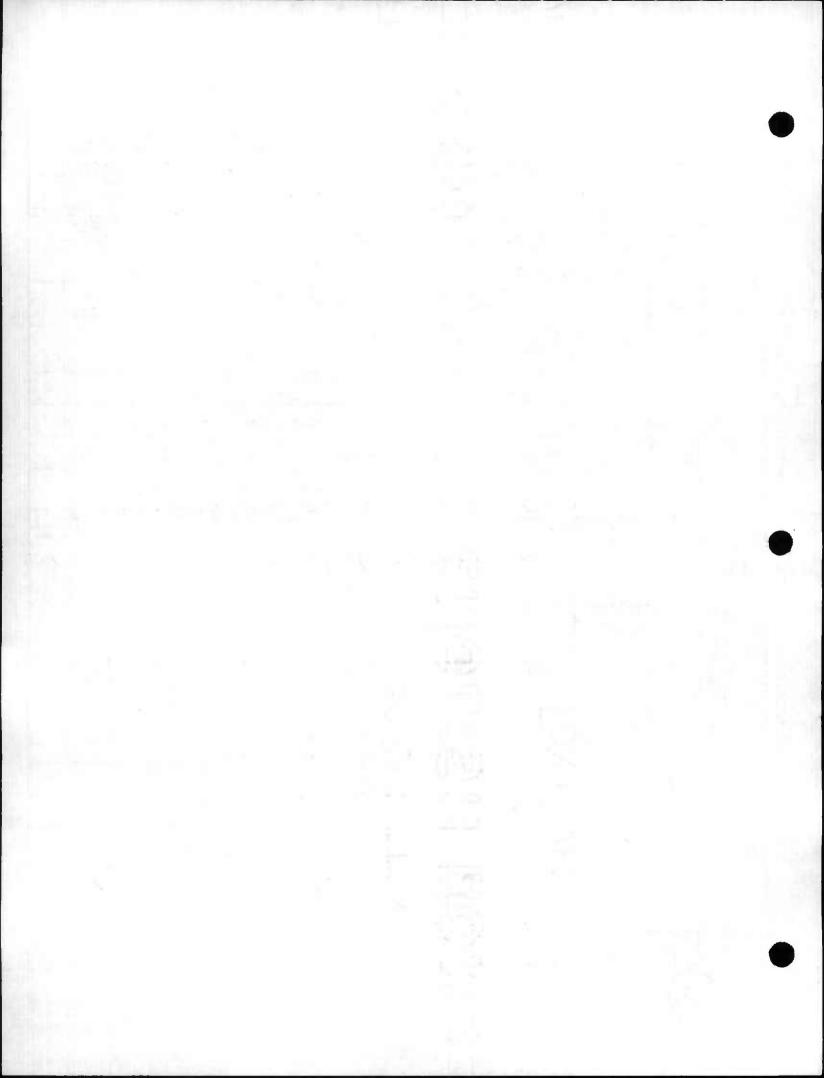
1 YES 2 NO 20 26. PLACE OF DEATN (Check only one) r this certificate h Tem HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Nome 5 Residence 6 - Other (Specify) 4 I Nursi 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide Item 28 determined 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. TO THE FUNERAL ID THE FUNERAL ID THE FUNERAL ID THE FUNERAL IT IN IMPORTANT: IF IT 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es atated. 29h, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 009386 hil 2 Samuel O'Mansky M.D. 8405 A. Loch Raven Blvd. Towson, Maryland 21204 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1991

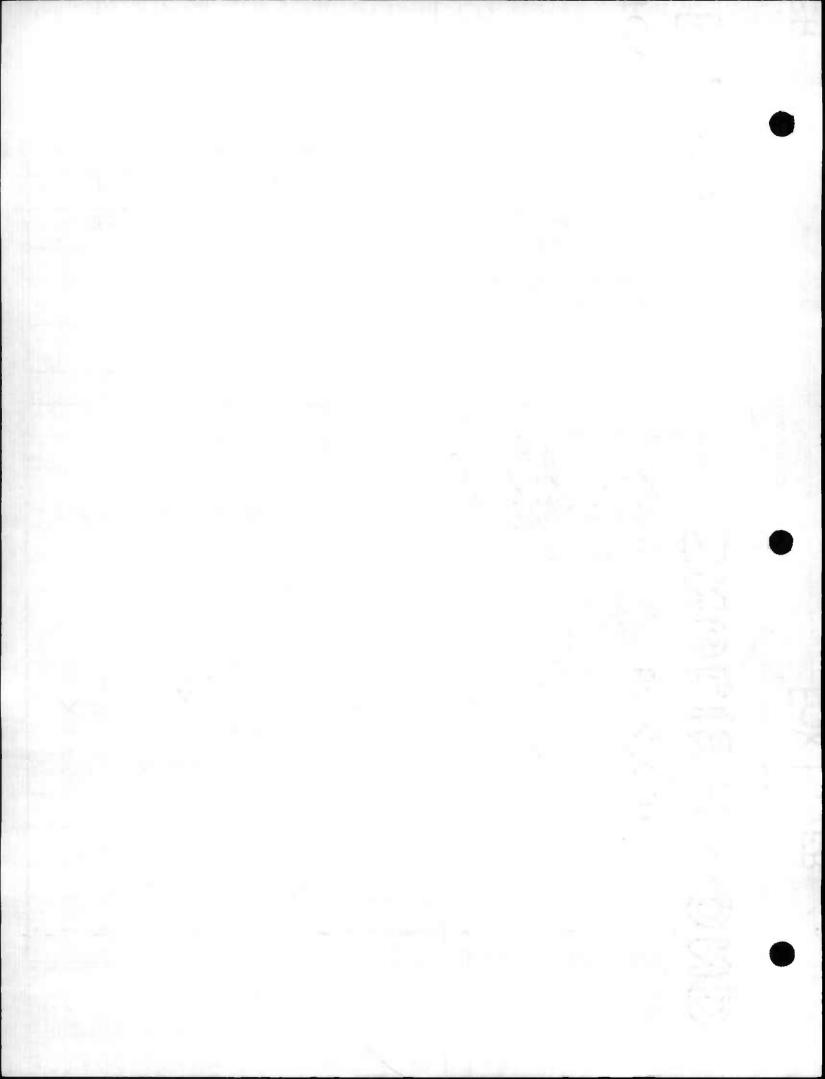


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CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us		Once.
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31. DATE FILED (Month, Day, Year)
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REGISTRAR		CERTIFIC	CATE OF DEATH				
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT MONTH	DAY	YEAR	TIME OF DEATH
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220-48-0791	1 🗆 M 2 🕮 F	34 YRS.		MHN. (Month, Dey, Yes	1906	Mary1	
9e. FACILITY NAME (If not institution, give si GREATER BALTIMO RESIDENCE OF DECEMENT			b. CITY, TOWN OR LOCATION	OWSON		TY OF DEATH	1
MARYLAND BAL		10c. CITY,	TOWN OR LOCATION				I. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 615 CHESTNUT A	VE		101. ZIP CODE 21204		310	EN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		HISPANIC ORIGIN? (Specif Maxican, Puerto Rican, ato Specify:	i.)	14. RACE — Black, Wi Specify: White	American Indian, hita, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use Homemak.	rk done during most of working retired.)	180-115-05	Home	USTRY	
17. FATHER'S NAME (First, Middle, Lest)		Homeman		R'S NAME (First, Middle, Mi			
Dr. George E. Hou	ıck			roline Port			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING 4	DDRESS (Street and Number of			Code)	
Edward R. Allen			. Joppa Rd.,				
20s. METHOD OF DISPOSITION 1	over from State	20b. PLACE AND DATE	of DISPOSITION (Name rother place) t Crematory	OATE 20	c. LOCATION —	City or Town,	
21. SIGNATURE OF POWERAL SERVICE LI			Ruck Tows		Home, I	nc.	
23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. CARD	TOPULMONAR A CONSEQUENCE OF)	Y ARREST	g, such as cardiac or	respiratory am	eat,	Approximate Interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF					
PART II. Other significant condition PRUGAGUE ME 083744770	TREMTIC	00000	MCER W	PE	AS AN AUTOPSY REFORMED? ES 2 NO	AM CO OF	RE AUTOPSY FINDINALABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		OTHER:	ATH (Check only one)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatiant 2 ER/O 26a. DATE OF INJUF (Month, Day, Yea	Y 28b. TIME	4 Nursing Home 5 Resi OF 28c. INJURY AT WORK? M 1 YES 2	28d. DESCRIBE		CURED	
3 Suicide 6 Could not be determined	26s. PLACE OF INJU building, etc. (S	JRY — At home, farm, st ipecify)	reet, factory, office	28f. LOCATION (S City or Town,		or Rural Rout	e Number,
29a. CERTIFIER CERTIFYING PHYS	_		i at the time, data and place, a				
one) 2 MEDICAL EXAMINE	ER: On the basis of examina	ition and/or investigation	, in my opinion, death occure	d at the time, data and pla	ce, and due to th	e cause(a) ar	d manner as stated

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Handall



2. DATE OF DEATH

FUNERAL BY COMPLETED 76 BE notified 2 è must examiner CERTIFICATION MEDICAL PHYSICIAN:

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law requires that the death certificate be

The

HOSPITAL OR ATTENDING PHYSICIAN:

2 23

BOX 13146,

P.O.

DIVISION OF VITAL RECORDS,

BALTIMORE, MARYLAND

DIRECTOR

the funeral director, page 5 should be medicai filled in by t the and completely fi burial, cremation traumatic event, 2 the attending physician Mental Hygiene prior to other 6 shows any injury, signed by the has been s 23 Item After this certificate I death with the State 6 marked, DIRECTOR: A hours after de Item 28 is 99 ETED COMPL FUNERAL Within 72 h MPORTANT: If 표를

BY

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06 ELIZABETH PITCHFORD 04 1991 09:59 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6-10-53 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-84-7340 MONTHS DAYS HOURS V A 1 M 2 X X 37 VRS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Baltimore 1 X YES 2 NO MD 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Moravia road Apt. B 5311 21206 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: Never Married 2 Married Black 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
"Jilva kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) Coffece (1-4 or 5+) Unemployed 10th Grade 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) James Gary Mary L. Grev 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Moravia Rd., Annie McCov Balto.Md. 20s. METHOD OF DISPOSITION
1) | Burlel 2 | Cremetion 3 | Removal from State
4 | Donation 5 | Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Voshell Mem. Garden Dundalk 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H East 1101 E. North Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory screet, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition_ pneumonia week resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Immuno do Ficiency Sydrome DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **MAILABLE PRIOR TO** COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO atlant 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MP U 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1000 N. WOLF SKEEL threce om 1000 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Julia Devideon APR 1 1 1991 DHMH-16 Rev 1/89

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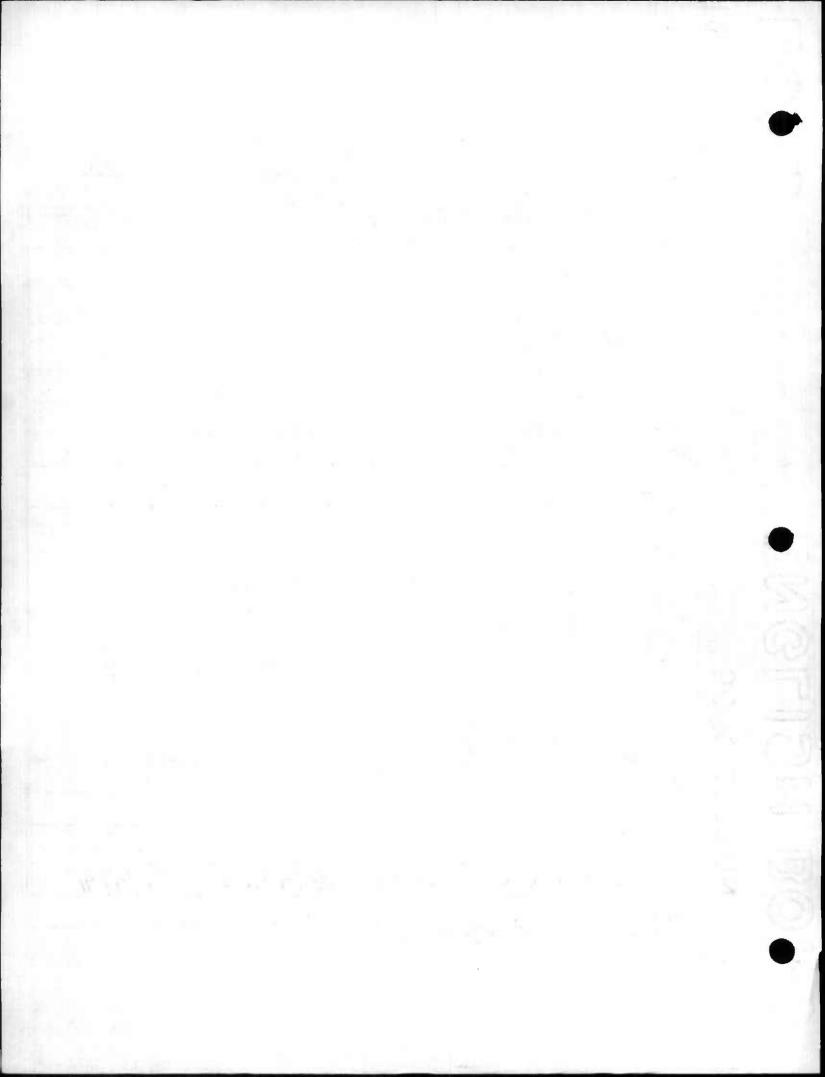
FOR STATE REGISTRAR

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- Va	1. DECEDENT'S NAME (First MELVIN		S PETTY,	SR.			OAIL	- 01	DEA		2. DATE MONTH		, 199	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 045-12-292	er 4	5. SEX	6. AGE (In		-	IF UNDER	DAYS	HOURS OR LOCATI	MIN.	7. DATE (Mont) 7/1	OF BIRTH 1, Day, Year) 0/191	7	6. BIRTHI	insylvania
TOR BO	Saint A	gnes F							nore					N/A	-AIR
DIRECTOR	10a. STATE Maryland	10b. COUNT	altimore	Co.			timo		TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 3851 McDOW					<u> </u>	0 11110	_	2122				10g. CITI	ZEN OF W	THAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dive	Married	12. WAS DECEDED FORCES? IF YES, GIVE	XXYES	2 NO	MEO	- 8	f yes, s		OF HISPAI	in, Puerto I	I? (Specify Yes Rican, atc.)			
PLETED		EDENT'S EDU y highest grade 0-12)	CATION	+)	(Giv	EDENT'S IN A PORT US	rork done (e retired.)	during m	ost of world	ing	16b	Const			
BE COMPL	17. FATHER'S NAME (First, A John	F. Pe	etty			18. MOTHER'S NAME (First, Middle, Maiden Surname) Hanna Richards Petty									
10	Mrs. Marjo	rie Pe	tty	206		3851	McD	owe	ll La		Balt	imore	Mar	vlan	d wn State
	1 X Burlai 2 Cremation 3 Removal from State 4 Contention 5 Content (Specify) Maryland Vet. Cem. etery 4/12 Crownsville, Maryland Vet. Etery 4/12 Crownsville, Mary														
	21. SHOWING OF PUNERS	SEL.	Kev	in E.	Ecl	ker	M	cCu1	lly F	uner	al H	ome of	Bro	oklyı	n d. 21225
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO											WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				OTHE		PLACE OF I	DEATH (C	heck only o	76)			
ВУ РНУ	2 Accident	Pending Investigation	28e. PLACE	F INJURY Day, Year)	- At hor	28b. TIM INJ	E OF JURY M	26c. JA W	me 5 R		28d. DE	SCRIBE HOW	and Numbe		Route Number,
ЕТЕР.	4 Homicide	Could not be determined		, etc. (Spec						_		or Town, State			
COMPL	one) 2 ME	DICAL EXAMIN													a) and menner as stated.
TO BE	29b. SIGNATURE AND TIL	1	4	USE OF DEA	ATH (ITEA	127) (7000	Print	_	29c. LIC	l 7	7H	3	29d. DAT	+ C	(Month, Day, Year)
	Dr. L Seer	nivasa		606	Hamm	onds	Lar	ie,	Balt	imor	e, Ma	arylan	d 21	225	
	WI I/ T]	1331	O State	-widges	n-Mar	nace									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

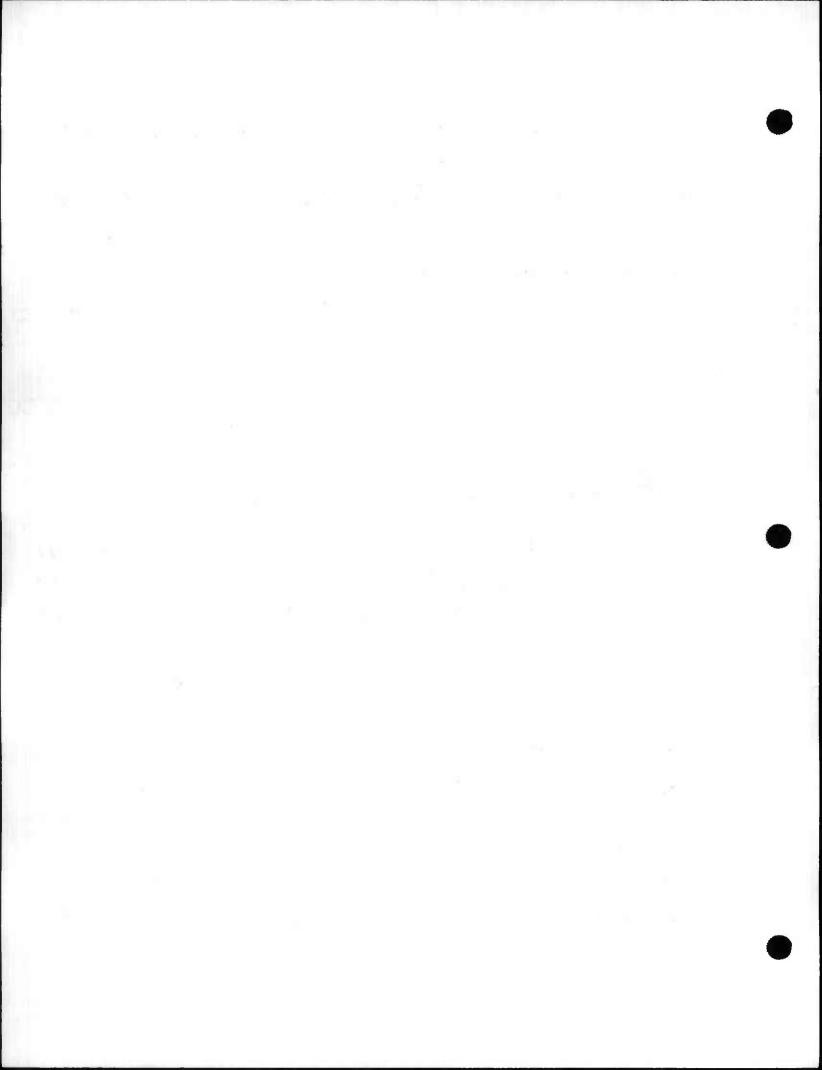
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IO INE FUNEDAL DIRECTOR. ALIGN UND CONTINUED TO CONTINUE AND CONTINUE	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE (01 09596
	1. DECEDENT'S NAME (First, Middle, Last)	A ANN /	PAGA	V		2. DATE OF	DEATH DAY	year 3. TIME OF CEATH
	4. SOCIAL SECURITY NUMBER 5.		(In yrs. last birthday) F I	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH DY. Year) 19-72	8. BIRTHPLACE (State or Foreign Country)
	Sa. FACILITY NAME (If not institution, give street	t end number)	// / 9b.		R LOCATION OF DE			Maryland ITY OF DEATH
	GELETER LAUNCE	Beltovi	He Howard	· L,	WREL		Tre	NCE beorge
in in	100. STATE 100. COUNTY	e being		WN OR LOCAT				10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
	100. STREET AND NUMBER 16818 CLA	,	0	10f.	ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2. WAS DECEDENT EVER I		13. WAS DEC	0707 ENDENT OF HISPAN	HC ORIGIN? (S	Specify Yes or No-	U.S.A. 14. RACE — American Indien, Black, White, etc.
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		1 TYES	NO Specify		in, etc.)	Species the He
	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	16a. DECEOENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION done during movined.)	N at of working	16b. KII	ND OF BUSINESS/IND	USTRY
	Grade 12	College (1-4 or 5+)	STudent			H	ligh Schoo)l
	17. FATHER'S NAME (First, Middle, Last) Alan N. Coccio				18. MOTHER'S NA Dianne		ndall	
	19a. INFORMANT'S NAME (Type/Print) Dianne Coccio				nd Number or Rural I	Route Number,	City or Town, State, Zip	
	20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSITIO			Laure	20c. LOCATION -	
	1 Nauriei 2 Cremation 3 Remova 4 Donetion 6 Other (Specify)	V-VA-FORM	Union Ceme		11000 000000		Burtons	ville, Maryland
	▶ 6/// 4Q C	2.11		Donal 313 T	dson Fun	eral H	lome, P.A.	yland 20707
	23. PART I. Enter the dispasses, or con shock, or heart fallure. Lie	nplications that cause	d the death. Do not a					-
	IMMEDIATE CAUSE (Final disease or condition	anny	encent	10.100	"The	1		Onset and Death
	resulting in death) s	DUE TO (OR AS	A CONSEQUENCE OF):	+1	-			2. 44
	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF	C	14			ninous
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO OFF AS	A CONSEQUENCE OF):	Jas	Dline			minufes
	resulting in death) LAST							
1	PART II. Other significent conditions of	contributing to death	but not resulting in ti	e underlyin	ceuse given in		Ia. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
2						_ 1	TYES 2 XNO	OF DEATH?
- NIX	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Ch	eak ask asel		
200	EXAMINER?	OSPITAL:		HER:	e 5 🗆 Residence		Specify)	
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WC	URY AT PRK? FES 2 NO	28d. DESCR	RIBE HOW INJURY OC	CURED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree	t, factory, offic			ON (Street end Number Town, State)	or Rural Route Number,
	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my kno	wiedge, death occurred =	the time date	end place, and the	to the cause	(e) and manner se stat	led.
	(Contact Only							ne cause(e) end menner es stated.
1	296 SIGNATURE AND TITLE OF CERTIFIER	nela 0 "	Senuty Ma	PRAF	29c. LICENSE NUI			E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF RERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	of h	L PIL	J.J.	Billo	M 20181
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S-SIG	NATURE .	YM OU	YN4 1	744	100///	2001
1	APR 1 1 1001	11 Green Ja						1



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notified 9 must examiner medical the event. baumatic other 1 6 inlury. shows any 23 Hem marked, or

FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State

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IMPORTANT: II

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH WILBUR GEORGE PHELPS 1106 A 4 A SOCIAL SECURITY NUMBER 6 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1√M 2 □ F 87 215-05-8600 8-1-03 Maryland Se. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1406 Meridene Dr. Baltimore N/A 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore XXXES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 1406 Meridene Dr. USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 3 Glazier Glass 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Phelps Anna Anderson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1406 Meridene Dr. Baltimore, Maryland 21239 Evelyn K. Phelps 20s_METHOD OF DISPOSITION
1.0 Padrial 2 Commetten 3 ☐ Removal from State
4 ☐ Donation 1 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Woodlawn 4-9 Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUHERAL SERVICE Mitchell-Wiedefeld Home Danis Dennis Stephen Xenakis 6500 York Road Baltimore, Maryland 21212 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between ahock, or heart failure. List only one cause on each line. **Onset and Death IMMEDIATE CAUSE (Final** Carcinona of Prostate disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reauiting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) HOSPITAL: 1 YES 2 NO ent 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

ation and/or investigation, in my opinion, death occured at the time, data and placs, and due to the cause(s) and manner as stated. 296. SIGNATURE: AND TITLE OF CERTIFIER Mn

29c. LICENSE NUMBER

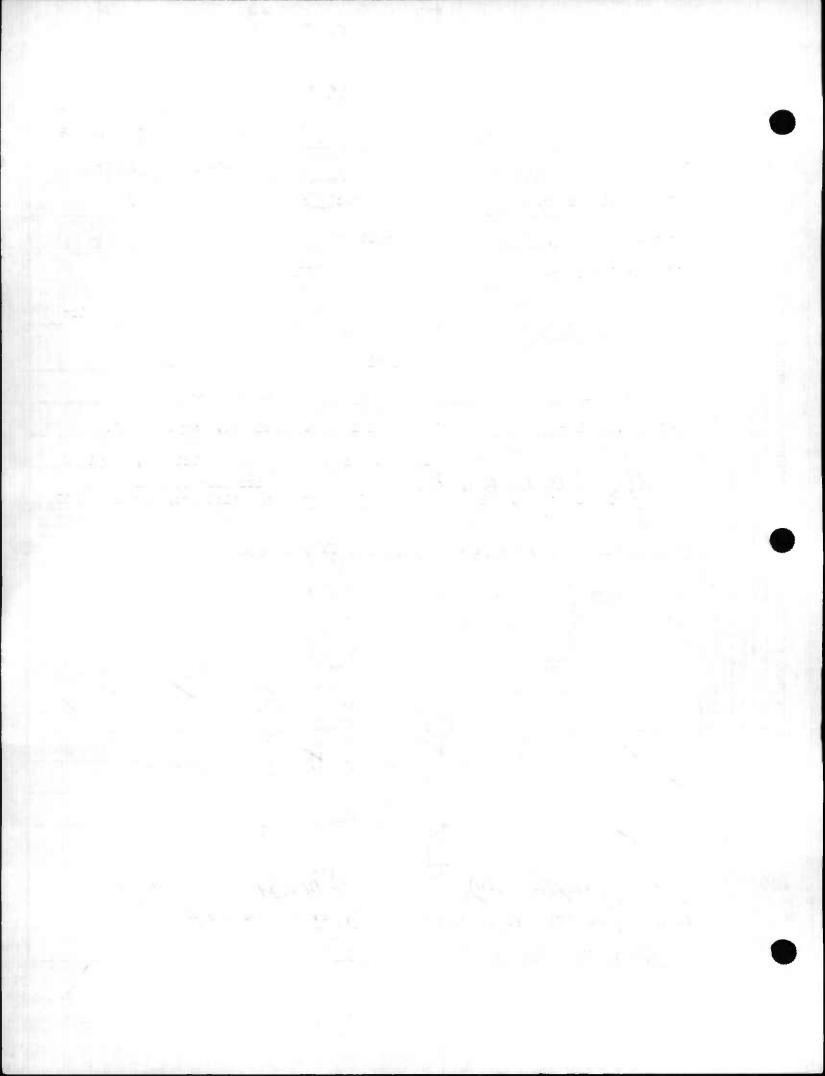
29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ONER 100

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32. REGISTRAR'S SIGNATURE



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L OR ATTENDING P	Item 28 is ma
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OSPITAL OR ATTENDING F UNERAL DIRECTOR: After I	ANT: If Item 28 Is ma
E HOSPITAL OR ATTENDING F E FUNERAL DIRECTOR: After I	HTANT: If Item 28 Is ma
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to see account of the following the state Deat. of Health and Mental Hydrene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

J. Rollin Utto, Jr., M.J. 14 M.

31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

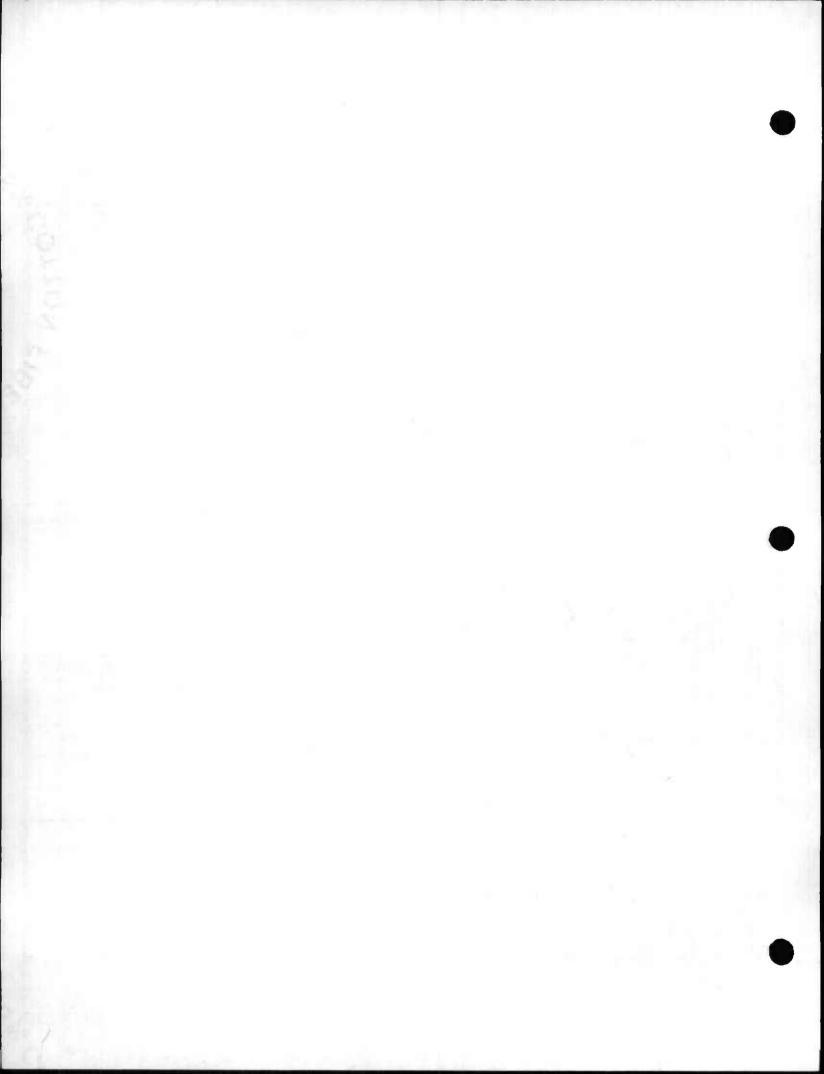
14 W. Colaspring Lane

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND	/ DEPAI	RTMENT	OF H	EALTH DE A1	AND I	MENTAI	L HYGIEN	91	09	598
	1. DECEDENT'S NAME (First, Middle, Last)				IOATE	. 01	DEA		MONTI	OF DEATH	Y 4604	YEAR 3.	TIME OF DEATH
		OUTH LOU	6. AGE (In yrs. I		LIPS	4 MF4B	IF UNDER			of Burth	1991	O DIETTUDI A	CE (State or Foreign
	001 45 5440	1 M 2 X F	97	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	Day, 1940	1893	Country	i O
	9e. FACILITY NAME (If not institution, give stre	et end number)	-		9b. CITY	TOWN C	R LOCATI	ON OF DE				TY OF OEATI	
8	619 Kingston Rd.					Bal	timo	re			Ba	ltimo	re
اظ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c, Cr	TY, TOWN C	OR LOCAT	ION					100	I, INSIDE CITY
DIRECTOR	Maryland Balt	imore			Balt	timo	re					1[LIMITS?
AP.	10e. STREET AND NUMBER					101	ZIP COD				10g. CITIZ	EN OF WHAT	COUNTRY?
띨	619 Kingston Rd.						212	12				USA	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED NO						I? (Specify Yee Rican, etc.)	or No-	Bleck, W	Americen Indien, hite, etc.
B	3 💢 Widowed 4 🗌 Olvorced	IF YES, GIVE W	AR OR DATES			1 🗍 YES	2 XXNO	Specify	y:			Specify.	White
ED	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a, 0	DECEDENT'S	S USUAL O	CCUPATIO	ON at of workin	90	16b	KIND OF BU	BINESS/INDE	STRY	- 6-
	Elamentary/Secondary (0-12) 12 Years	College (1-4 or 5 +	.)	Give kind of the Do NOT i						Mo	dical		
COMPLETED	12 TECTS 17. FATHER'S NAME (First, Middle, Last)			racti	Cai	Nul 5		MED'S MA	MC (Eleat	Middle, Melden			
ö	William Henry Hei	ges					10. 6001			ta Tho			
BE	19e. INFORMANT'S NAME (Type/Print)	5		19b. MAILIN	G ADDRES	S (Street a	nd Numbe	r or Rural i	Route Num	ber, City or Tow	n, State, Zip	Code)	
2	Mrs. Nadine Lord			619	King.	ston	Rd.	Ва	ltim	ore, M	aryla	nd 2	1212
	20s. METHOD OF DISPOSITION 1	val from Stale	20b. PLAC other	E OF DISPO	ireeni				rv			or Town,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE James 7. Sames F. Buy	June Inside.	ids gr		22.	Mitc	hell	SS OF FA	defe	ld Hom			1212
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.											Approximate	
	iMMEDIATE CAUSE (Final disease or condition											Onset and Death	
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions (b. ASCUD)												
E	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
ERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONS	SEOUENCE	OF):								
E	resulting in death) LAST												
0	PART II. Other algolificent conditions	contributing to	death but no	t resulting	in the u	nderlyln	G CRUSA	given in	Part I	24a, WAS AP	ALITOPSY	24b W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					010 0		g oncoo			PERFO	RMED?	AM CC	MPLETION OF CAUSE
										1 TYES	NO		DEATH?
≥ ;													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only o	ne)			
YSI	1 TYES 2 NO	1 Inpetient 2			4 🗆 Nu	rsing Hor		tesidence		er (Specify)			
	27. MANNER OF DEATH 1 Netural 6 Pending	28a. DATE Of (Month, L			IME OF NJURY M	W	JURY AT ORK? YES 2	□ MO	28d. OE	SCRIBE HOW	INJURY OCC	CURED	
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE (OF INJURY — AI	home, farm	, street, fac				281. LO	CATION (Street	end Number	or Rural Rout	te Number,
TED	4 Homicide 6 Could not be		etc. (Specify)						Ch	or Town, State)		
J-C	28a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	f my knowledge,	death occu	rred at the	Jime, det	a end plec	e, end du	e to lhe ci	suse(e) and mi	nner as stat	ed.	
COMPLET	one) 2 MEDICAL EXAMINE	_											nd manner as atsted.
ш	29b. SIGNATURE AND TITLE OF CONTURBE	11	1	7			29c. LIC	ENSE NU		2	29d. DAT	E SIGNED (M	onth, Day, Year)
TO B	Juli	11	N				1	0	94	Ud	-	4/19	71
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	THE OF DEATH (TEM 27) /7/	ne Print)								

DHMH-16 Rev 1/89

21210

Baltimore, Maryland



1991

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign MARYLAND

2:59PM

2. DATE OF DEATH

04 -

7. DATE OF BIRTH (Month, Day, Year)

F@R 22 1898

06

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

219-07-5876

FRAN

IF UNDER 1 YEAR

IF UNDER 24 HRS.

FRANCES M. RICH

1 - M 2/X F

6. AGE (In yrs. lest birthday)

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	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 curs after death. Page 6 may be retained by the hospital or attending physicial	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-managery	after	nance is to and and the contract of a phone and indicate an address described an address and an analytical of anon-
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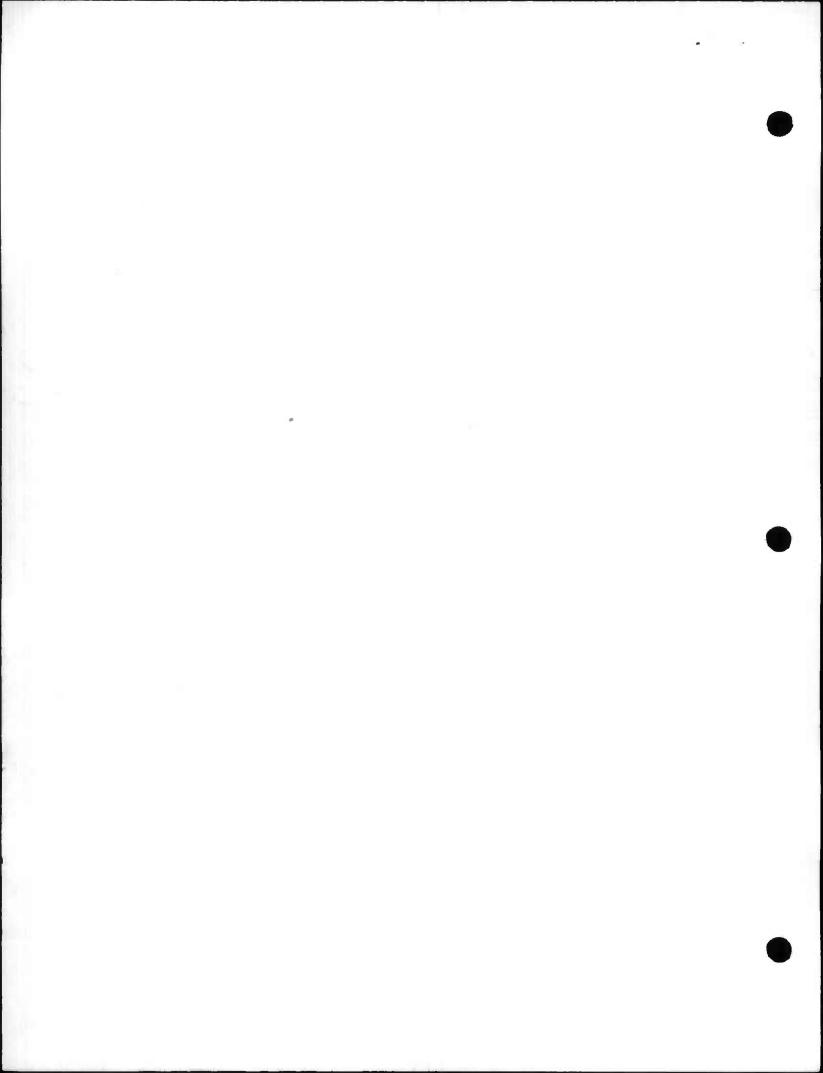
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Sa. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER BALTIMORE DIRECTOR N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10h, COUNTY 10d. INSIDE CITY 10e STATE ARUNDEL GARDENS, BROOKLYN PARK MD. ANNE- ARUNDEL 1 TES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 319 HAMMONDS LANF 21225 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried
3 Wildowed 4 Divorced WHITE BY COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY 4th GRADE SAUSAGE MAKER MEAT PROCESSING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) RADECKE Unknown MARY BE AGNES M. RICH 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 319 HAMMONDS LANE BALTIMORE, MD. 21225 2 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or ST.STANISLAUS CEMETERY BALTIMORE, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
OF BROOKLYN
McCULLY FUNERAL HOME BALTO. MD. 237 PATAPSCO AVE. Stanley M olumer 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Interval Between ahock, or heert fellure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition Accident OUE TO (OR AS A CONSEQUENCE OF): resulting in death) Hypertension out to the As A consequence of: CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 - YES 2 NO PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: tient 2 ER/Outpatient 3 DOA 1 TES 2 NO aling Home 5 - Residence 8 - Other (Specify) 9 the 27. MANNER OF OEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF death with the marked, 1 Netural 5 Pending м 1 YES 2 NO BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 ls 6 Could not be determined DIRECTOR: A COMPLETED 4 Homicide if item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. FUNERAL C 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) THE F BE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOUSE PHYSICIAN 6 2 2 3 2 M. PATE S. HANOVER BALT 38_REGISTRAS'S SIGNATURE 99



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notified at 90 examiner must medical 6 the cremation, other traumatic event, burial. anding physician an Hygiene prior to b DRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to 6 e has been signed by the attente bept. of Health and Mental H Hem 10 marked, .00

28 Item

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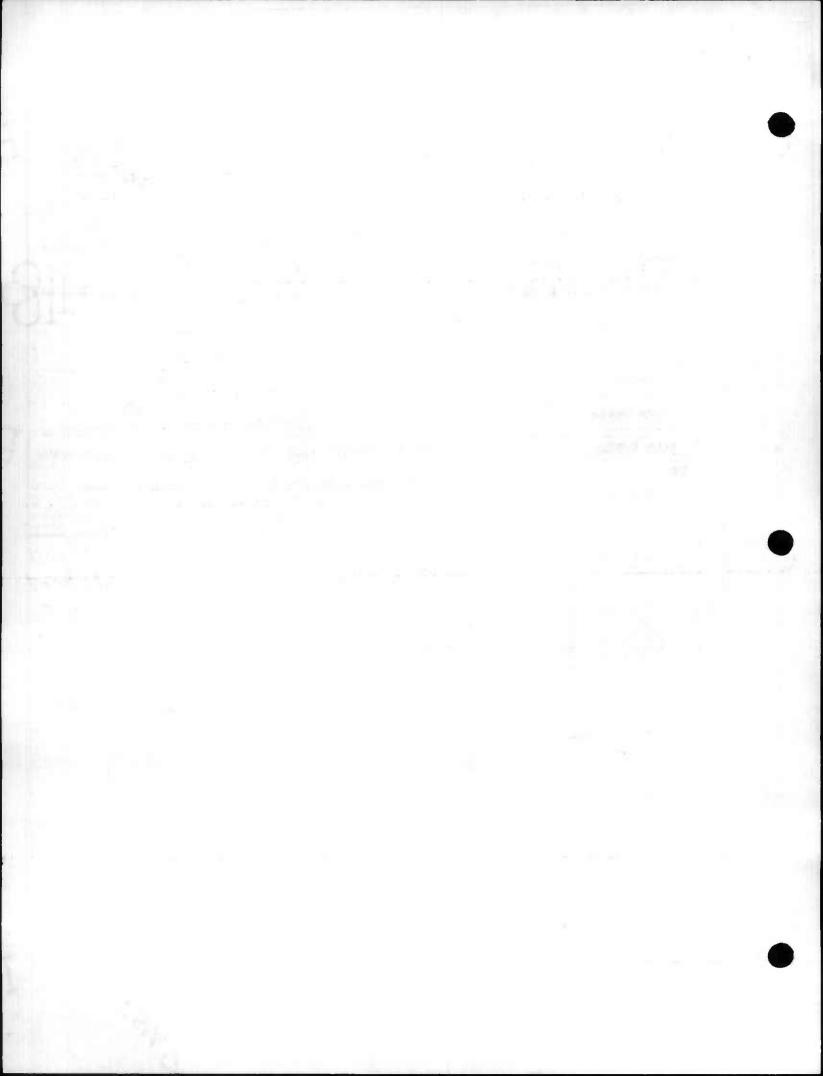
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TO THE FUNERAL D
TO THE FUNERAL D
De filed within 72 h
IMPORTANT: If Is

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF GEATH ABE RUBIN 400 A M 9 4 8 5. SEX A. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Poland 099 09 0759 1XXM 2 | F 76 DAYS HOURS YRS. June 8 1914 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Washington Adventist Hospital Takoma Park Montgomery DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Silver Spring Montgomery 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20901 11013 Lombardy Road United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ALLYES 2 □ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married YES, GIVE WAR OR DATES BY White 3 Widowed 4 Divorced WW COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade comp. 12 years College (1-4 or 5+) Salesman Furniture - Retail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Louis Rubin Rebecca Yuddevitch BE 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Ruth Rubin 11013 Lombardy Road, Silver Spring, Maryland 20901 20s. METHOD OF DISPOSITION
1/ Buriel 2 Cremetion 3 Removal from State
4 Donetion 6 Disposity) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Mount Lebanon Cemetery Adelphi, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald M.Stein Hebrew Memorial Funeral Home) Gonald Carroll Street, N. W., Washington, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate shock, or heart failure. List only one cause on interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 0 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one EXAMINER? HOSPITAL OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗆 N ne 5 🗆 Residence & 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF BEATH 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated 2 MEDICAL EXAMINER: On the basis of exa ion and/or investigation, in my opinion, death oc 29d. DATE SIGNED (Month, Day, BE 2



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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

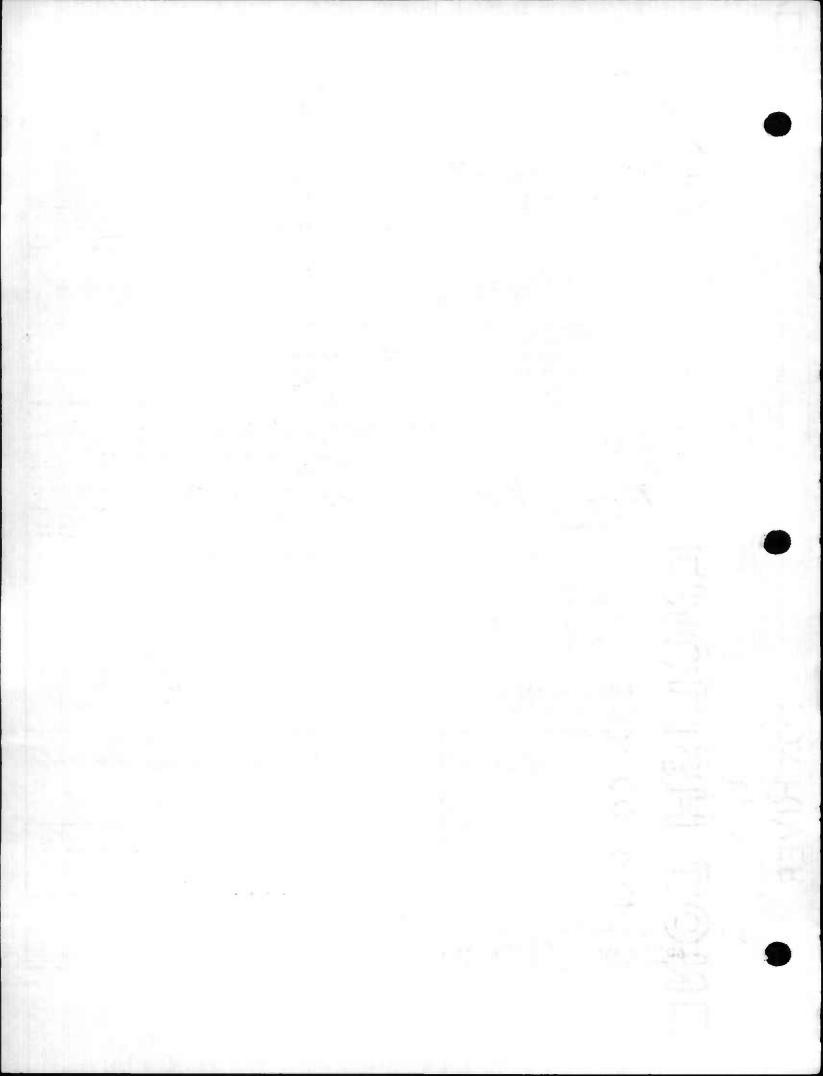
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	1 - STATE REGISTRAR	OIME OF I	CE		CATE OF	DEATH		REG. NO.	-/ 1	000	101
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF		YEAR	3. TIME OF	DEATH
- 1	Franklin	В.		S	imms		04	06	1991		AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest i	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1)	2 - 5 5	8. BIR Cou	THPLACE (Stote Intry) MD	or Foreign
LOR	90. FACILITY NAME (If not institution, give Howard County Ger					or Location of Di 1mbia	EATH	90	Howar	DEATH	
DIRECT	10e. STATE 10b. COUNT	γ			Y, TOWN OR LOCAT					10d. INSIDE	7
ERAL	100. STREET AND NUMBER 787 SARATOGA	STREET			101	21201		10	g. CITEZEN OI	WHAT COUNT	RY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	TEVER IN U.S. ARM YES 2 AC	(ED	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexics 2 X NO Specif	in, Puerto Ric		Bi	ACE — American ack, White, atc. becity: BLA	
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	JCATION completed) College (1-4 or 5	(Ghr	e kind of v Do NOT us		st of working		UND OF BUSINE	SS/INDUSTRY	,	
APL		yrs.	Dr	ywa]	l1-Cons	tructo					
	17. FATHER'S NAME (First, Middle, Last) James	r. s:	imms			16. MOTHER'S NA	ME (First, Mic	ldle, Meiden Surr	Edwa	rds	
38 C	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street of	and Number or Rural	Route Number	; City or Town, St	tate, Zip Code)		
2	Irene	Simms	73	87	Saratog	a St./1	Balti	more,	Md.	2120	1
	20e, METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	of cemetary	crematory	or disposition or detail	Pk. Cer	DATE 1 4-1		tonsv	Town, State	Md.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Ser	7	22. NAME A	MARCI	CILITY		1 E.	North	Ave.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
ERT	resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other aignificent condition	g cause given in	g cause given in Part I. 24a. WAS PERI			24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE				
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SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHER:	ne 8 🗆 Residence		11900			
	27. MANNER OF DEATH 1 Natural 6 Pending	28e. DATE O		28b. TIN	IE OF 28c. IN	JURY AT ORK? YES 2 NO		RIBE HOW INJU	PRY OCCURED		
LED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (OF INJURY — At hor i, etc. (Specify)	ne, farm,	street, factory, offic	20		TON (Street and Town, State)	Number or Ru	ral Route Number	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.										
	296. SIGNATURE AND TITLE OF CERTIFIE	ER 1				29c. LICENSE NU	MBER	21	ed, DATE SIGN	NED (Month, Day,	Ybar)
TO BE	30. NAME AND ADDRESS OF PERSON W	e Yhull	JSE OF DEATH STEE	1 27) /7/2	Print)	0.0	M.E.		04	06	1991
	Horgomos	12-14	Own 1			Street, I	Baltim	ore Ma	ryland	21201	
	31. DATE FILED (Month, Day, Year)	11 4	AR'S SIGNATURE	-							
- 0	APR 1 1 1991	Jula Davida	Mary State							0.1	MM-18 Rev 1/9

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an entering and ceath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trail be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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FOR

SOULD SECURITY HUMBER 1 SEX 1 SALE (1) PARTY SERVED A LABE (1) PARTY SERVED	SCOLA SCOUNT WASSER 2.15 - TO -SUL-6 - - - - - - - - -	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH DAY	r 1	YEAR	. TIME OF DEATH
\$ A PRICE TY MANUE (OF A MATINGAL CAN MATING	21.5 TO SINGLE COUNTY SAME OF DISTRICT S					,				4	19			1:30A
SINAI HOSPITAL SINAI HOSPITAL BALTIMORE CITY	SINAI HOSPITAL BALTIMORE CITY 10. CONTY				100					7. DATE OF 1 (Month)	28-05	;	8. BIRTHP Country)	VA.
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TV. PATER'S NAME (Piet, Micdis, Lain) Shade Demery Rebecca Brewer 198. MOTHER'S NAME (Piet, Micdis, Lain) Shade Demery Rebecca Brewer 198. MALHING ADDRESS (Street and Number or Fund Route Number. City or Rown. State, 2p Code) NTS., Mae Fouch 1012 Andover Road Baltimore, Md. 21218 208. MENTOOD OF BEROSTION 42 Benefits 2 Clevenation 3 Removal from State 43 Denotine 5 Code) Mason Grove Bapt. Church Brunswick Co., Va 21. SHONATURE OF FUNCHAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MM. C. MARCH F.H. 1101 E. NORTH AVI 23. PART I. Enter the diseases, or complications that caused the death. Do not better the mode of dying, such as cardiac or respiratory arrest, inference and states. MIMEDIATE CAUSE (Fined disease or conditions, resulting in death) LAST DUE TO (OR AS A CONSCOURNCE OF):	TI, MATER'S NAME (Pair, Micola, Last) Shade Demery 10. MALING ADDRESS (Street and Mumber or Aural Pause Number, City or Rawn, State, 2p Code) NTS., Mae Fouch 10.12 Andover Road Baltimore, Md. 21218 20. LOCATION - City or Town, State, 2p Code) NTS., Mae Fouch 10.12 Andover Road Baltimore, Md. 21218 20. LOCATION - City or Town, State, 2p Code) NTS., Mae Fouch 10.12 Andover Road Baltimore, Md. 21218 20. LOCATION - City or Town, State, 2p Code) NTS. Mae Fouch 10.12 Andover Road Baltimore, Md. 21218 20. LOCATION - City or Town, State 20. LOCATION - City or Town, State NTS. PLACE Of DEATH (City or Code) 10. LOCATION - City or Town, State 20. LOCATION - City or Town, State 20. LOCATION - City or Town, State NTS. PLACE Of DEATH (City or Code) 10. LOCATION - City or Town, State 20. LOCATION - City or Town, State 20. LOCATION - City or Town, State 20. LOCATION - City or Town, State NTS. PLACE Of DEATH (City or City or City or Town, State) 20. LOCATION - City or Town, State 21. SAME AND ADDRESS OF FACILITY 10. LET or the diseases or confidence or nearly state or cause on each fine. 21. SAME AND ADDRESS OF FACILITY 11. City or leading in death) 22. PART II. Other significant conditions 23. PART II. Other significant conditions 24. LOCATION - City or Town, State 25. PLACE OF DEATH (City city or or or Part Route Number or Part Rout	(Specify only highest grad	e completed)	(G	ive kind of	work done	during mos	t of worldn	ng					
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Seema Sood MD > 4/10/91	Seema Lood MD > 4/10/91	(Check only												and manner as state
	30. NAME AND ADDRESS DF PERSON WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)	Seema I	and N	1 D				29c. LIC	ENSE NUM	BER		29d. DATE	SIGNED (h 10 m

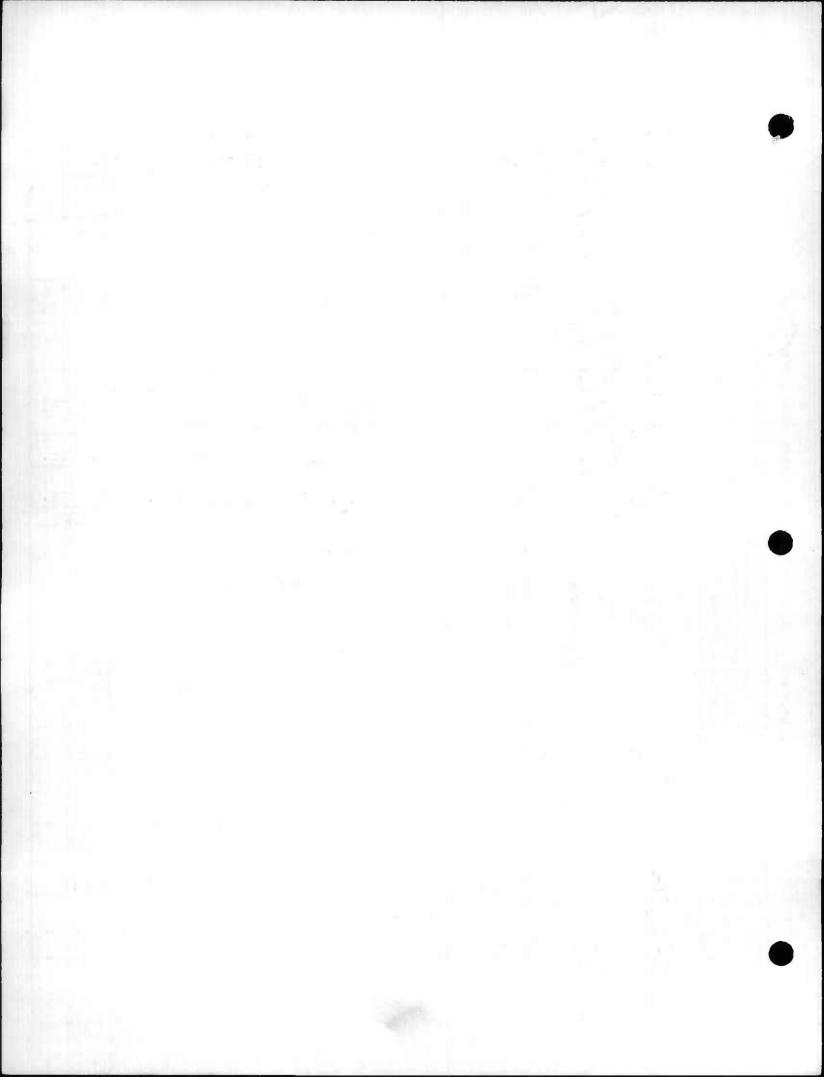
or the ding p BALTIMORE, MARYLAND 2/203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. riours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

lal-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

APR 1 1-1991 . Julia Savidson Monday



1. DECEDENT'S HAME (First, Middle, Last)

STATE REGISTRAR

1 -

requires that the death certificate be executed within

OR ATTENDING PHYSICIAN: The law

HOSPITAL

Kurt Smith 04 07 991 2:40 R. PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9-9-67 DAYS HOURS MIN. MD. 1 M 2 | F 216-06-0010 9e. FACILITY HAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH 1363 N. Gilmor Street DIRECTOR Baltimore Baltimore City 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10e. STATE 10d. INSIDE CITY MD BALTIMORE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND HUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 1073 ELLICOTT DRIVE 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 1X Never Married 2 Married Specify: BY 3 Widowed 4 Divorced Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondery (0-12) College (1-4 or 5+) 12th Grade City Employee once. 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Meiden Surname) 7 Carroll L. Smith Sr. Margaret Ridgeway BE notified 19e. IHFORMANT'S HAME (Type/Print) 19b. MAILIHG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1073 ELLICOTT Dr./Baltimore, Md. 21216 Carroll Smith Sr. 9 29a. METHOD OF DISPOSITION
11 Buriet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must Arbutus 4 Donation 5 Other (Specify) Mem. Pk. Cem Arbutus. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY in by the funeral in WM.C. MARCH F.H. 1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate filled in by ahock, or haart fallure. List only one cause on each Interval Between 5 IMMEDIATE CAUSE (Final **Onset and Death** been signed by the attending physician and completely file N. of Health and Mental Hyglene prior to burtal, cremation, I shows any Injury, or other traumatic event, the disease or condition Narcotic Intoxication resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate e. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO has be Dept. 23 st PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) a the L DIRECTOR; After this cert 2 hours after death with the f Item 28 is marked, o 27. MAHNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Heturel 5 Pending 1 YES 2 HO UNKNOWN BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Floute Number, City or Town, State) 6 Could not be 4 Homicide UNKNOWN COMPLET 29a. CERTIFIER 1 CENTEFYING PHYSICIAN) To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. TO THE HOSPITAL TO THE FUNERAL DE filed within 72 h FUNERAL (21 investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGN 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E 04 08 1991 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PennStreet, Baltimore Maryland 32. REGISTRAN'S SIGNATURE DHMH-18 Rev 1/89

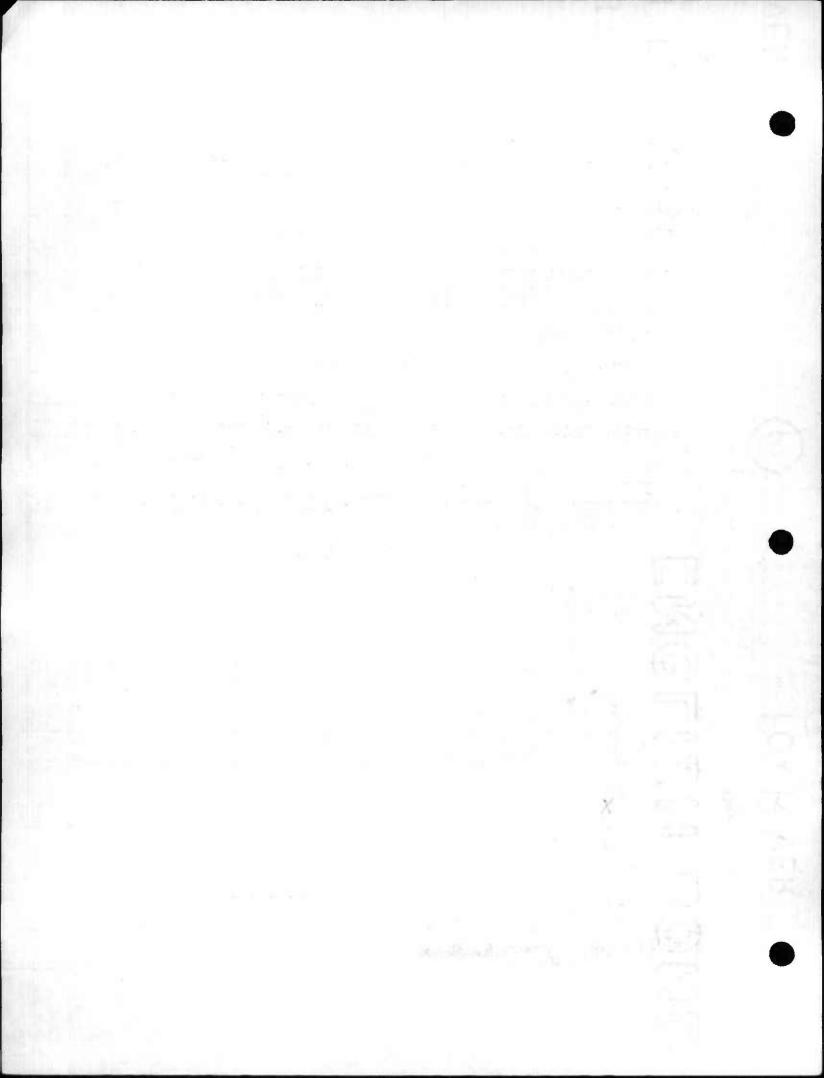
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

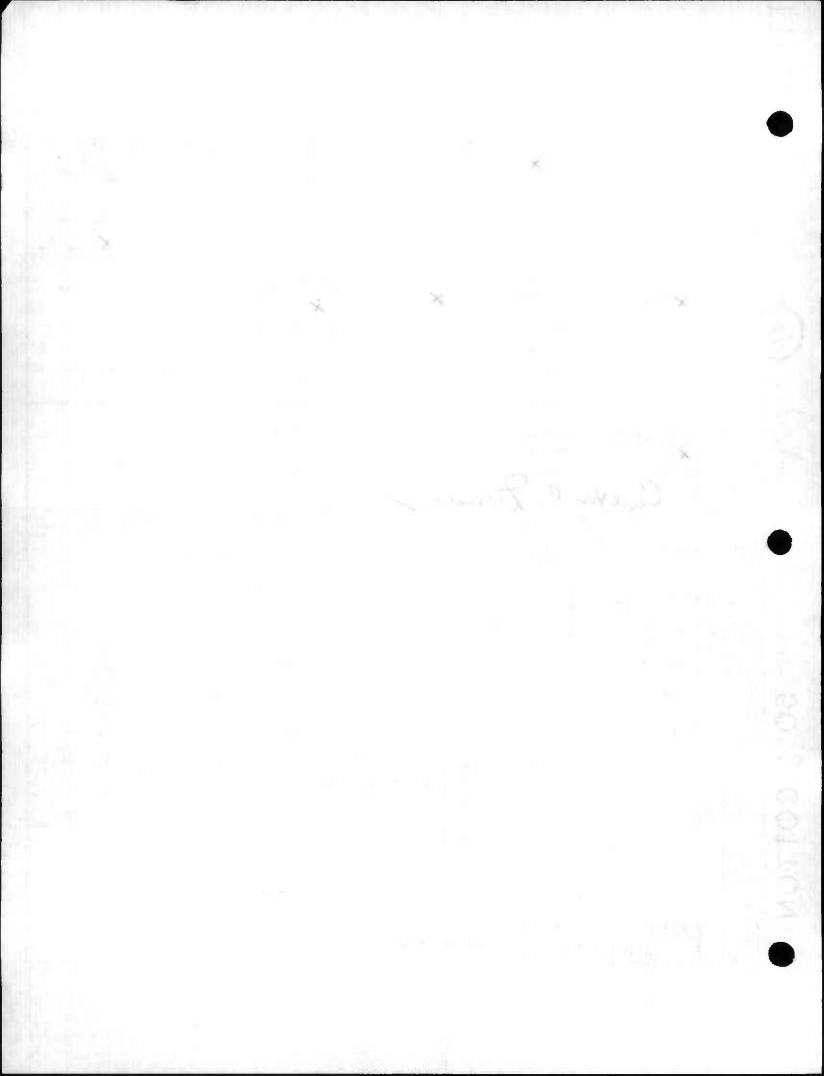
2. DATE OF DEATH MONTH DAY

09603

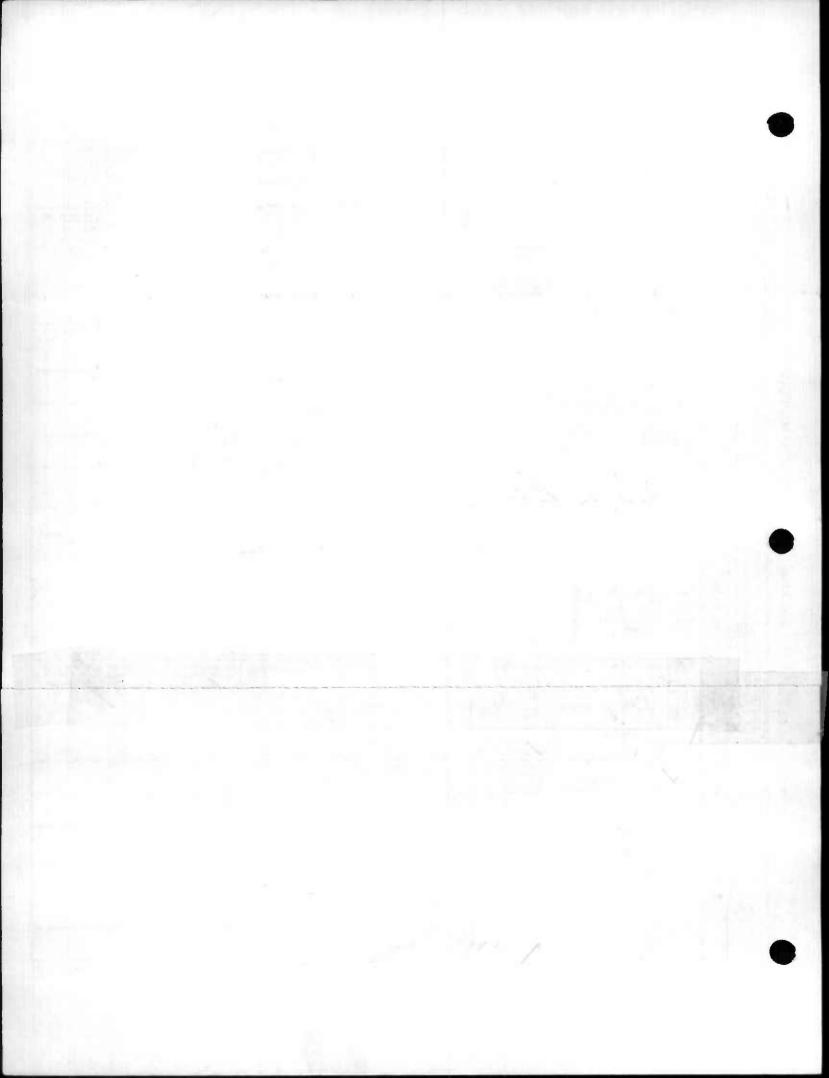
3. TIME OF OEATH



7	1. DECEDENT'S NAME (First, Middle, La	est)						2. DATE	OF DEATH	AY Y	3. TIME OF DEATH											
	SHELDEAN		E.		SIN	MON		04			7.11											
- 1	4. SOCIAL SECURITY NUMBER 2 18-02-1337	5. SEX	8. AGE (In yrs 23	s. last birthday)	IF UNDER 1 YEA		UNDER 24 HRS.	(Mont	OF BIRTH h, Day, Year)		BIRTHPLACE (State or For Country)											
		1 XM 2 □ F		YRS.					-20-6	_	ntigua W.											
œ	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TOW	VN OR LC	OCATION OF DE	EATH		9c. COUNTY	OF DEATH											
Ē	IFO #20 NORTH	KOSSUTH	STRI	EET	BALI	PIMO	ORE			BAI	TIMORE											
DIRECTOR	10a, STATE 10b. COU			10c. CIT	y, TOWN OR LO	ore					10d. INSIDE CITY											
	10e. STREET AND NUMBER					10f, ZIP	CODE			I and OUTSTEE	1 YES 2											
RA	Harriston of the same of	C+								200												
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BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes	, specify	Cuban, Mexica NO Specif	n, Puerto	Rican, etc.)		I. RACE — American India Black, White, etc. SpecifyBlack											
ED	15. DECEDENT'S E (Specify only highest gi		16a	DECEDENT'S	USUAL OCCUP	ATION	working	16	. KIND OF BU	ISINESS/INDUS	TRY											
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	, most or	working															
COMPL	12			Bar	ber				Hair													
8	17. FATHER'S NAME (First, Middle, Last)						. MOTHER'S NA	-														
BE	Falcon Simon						Elain															
2	19a. INFORMANT'S NAME (Type/Print)			1000	ADDRESS (Stre																	
1	Elaine Simon				. Kos																	
	11 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	ace and dat etary, cremator	or other place)	D = se	me 1-	OA			y or Town, State													
	21. SIGNATURE OF FUNERAL SERVICE		- JALD	utus		_	DDRESS OF FA		D Da	lto.	Ma.											
		2 ()			E E . (A L-104)	P LILLAND LAN																
	IMMEDIATE CAUSE (Final disease or condition	ire. List only one cau	se on aach	lina.	170 not enter the	1 Me		oh S	St. diac or reep	olratory arres	Interval Be Onset and											
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditione, if any, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	List only one cau a. GUNSUN DUE TO b. DUE TO c. DUE TO d	(OR AS A COL (O	Ina. DUND NSEQUENCE CO NSEQ	170 In the underly the street, factory, correct at the time,	moda of moda o	CCU11 of dying, auc S; SUN Buse given in E OF OEATH (C/ AT 2 X NO	Part I. Part I. 28d. Oil 281. Con IF	24a, WAS AL PERFO	NAUTOPSY RRMEO? 2 NO ON S INJURY OCCU T SHC T and Number of a stated dua to the	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? VES 2 1 TREET RED TREET RED TRUM Route Number, CH KOSSUTI											
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditione, if any, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. GU NS LAND DUE TO DUE TO DUE TO DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO	(OR AS A COM (OR A	Ina. OUND NSEQUENCE CO NSEQ	170 not enter the 170 Fig. Fig. In the underly 4 Nursing ac of July 22c 3uly 4 Street, factory, 5TREET red at the time, non, in my opinke	moda of moda o	CCU11 of dying, auc S; SUN Buse given in E OF OEATH (C/ AT 2 X NO	Part I. Part I. 28d. Oil 281. Con IF	24a, WAS AL PERFO	N AUTOPSY RMEO? ON S INJURY OCCU T SHC It and Number of and due to the	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? VES 2 1 TREET RED TREET RED TRUM Route Number, CH KOSSUTI											



1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		NTAL HYGIENE REG. NO.	910	9605		
1. DECEDENT'S NAME (First, Middle, L Clarence L.					DATE OF DEATH MONTH DAY 4 2	YEAR 91	1:30 p		
4. SOCIAL SECURITY NUMBER 296 10 0862	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTN (Month, Day, Year) 4 22	Country)	CE (State or Foreign		
9a. FACILITY NAME (If not institution, Frostburg Consideration of the second of the se	STREET, ST. ST. ST.		Di Caran	tburg, MD		Allega	Н		
Maryland		10c. CITY,	TOWN OR LOCAT	TION			d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	alnut St.	1 20	10	21521	10g	CITIZEN OF WHA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 X NO	13. WAS DEC		ORIGIN? (Specify Yes or No tuerto Rican, etc.)	0- 14. RACE — Black, W Specify:	American Indian, Thite, etc. White		
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	nployee	Cellulo				
17. FATHER'S NAME (First, Middle, Las JOSEPH Su	_			16. MOTHER'S NAME Ellen	(First, Middle, Meiden Surna Flicking	me)			
19a. INFORMANT'S NAME (Type/Print) Judy Muir					ne Number, City or Yown, Sta 1, Md. 215	521			
20e METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State	other place) Mounta	in Vie	w Cemete	ry Bar	ton, M			
21. SIGNATURE OF FUNERAL SERVICE	Boal	g.	Вс	nd address of Facili al-Warni 1 Church	ck Funera St. West	al Serv	rice t, Md.		
ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a DUE TO (OR AS		ma):	ge ltu 1	left Plen	ra.	interval Between Onset and Dea		
Sequenticity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF			-				
PART II. Other significant con Accounts Conges b	Hypopas	1		ng cause given in Pa	PERFORMED	7 0	ERE AUTOPSY FINDING MALABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \text{NO} \)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
1 VES 2 NO 1 Nopetient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year) 28s. TIME OF INJURY WORK? 1 VES 2 NO 28s. INJURY AT WORK? 1 VES 2 NO									
2 Accident Investig 3 Suicide 8 Could r 4 Homicide determi	28e. PLACE OF INJU	JRY — At home, farm, a Specify)	street, factory, off	ice 2	281. LOCATION (Street and I City or Yown, State)	Number or Rural Ro	ute Number,		
(Criscia Orlay	PHYSICIAN: To the best of my kr (AMINER: On the basis of axamine						and manner as stated		
29b. SIGNATURE AND TITLE OF CE	ATTIFIER S	andlin	r Q	29c. LICENSE NUMB	-64 120	d. DATE SIGNED (1)	Month, Day, Year)		
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	. Print)						
5.1.	. Sandhir M.	D. 48		err. Fro	stburg, M	d.			



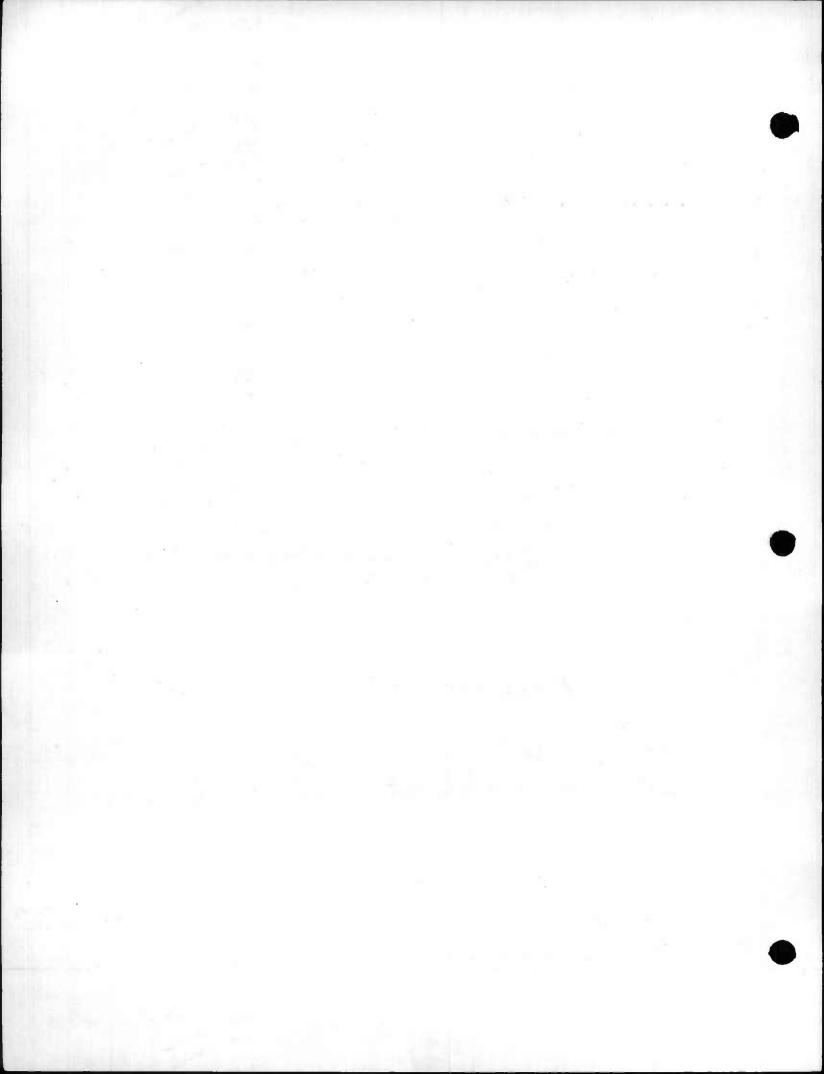
FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE O	F DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest, C RAY)						2. DATE OF DEATH ST 1991 LIKE OF DEATH			
- 1	4. SOCIAL SECURITY NUMBER 217–20–3682		BE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF 8		MARYLAND		
	9e. FACILITY NAME (If not institution, give				N OR LOCATION OF D		9c. COL	JNTY OF DEATH		
6 F	G.B.M.C., 6701 N		REET	TOWS)N		BAL	TIMORE		
	MARYLAND BAL'	TIMORE		, town of lo OWSON	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER				101. ZIP CODE		10g. CI	TIZEN OF WHAT COUNTRY?		
逆	34 ACORN CIRCLE	1			21204			USA		
à l	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R IN U.S. ARMED ES 2 NO R DATES	If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 X) NO Speci	an, Puerto Ricar		14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPA	ATION	18b. KIN	D OF BUSINESS/IN			
COMPLETED	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+) 1 Year	Sales		most of working	Pa	atent Sc	affoldong Co.		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.		s, Maiden Surname)			
1 L	Joseph Mark SCar	nnell			Mil	dred M	. O'Hara			
10	190. INFORMANT'S NAME (Type/Print) Mary Joan Scanne	ell	19b. MAILING 34 AC	address (Street)	et end Number or Rural rcle To	NSON,				
	20e. METHOD OF DISPOSITION (X Burlal 2 Cremation 3 Red Donation 5 Other (Specify)	moval from State	20b. PLACE OF DISPOS other place) New		edral Ceme			- City or Town, State One, Md.		
	21. SIGNATURE OF PUNERAL SERVICEL	Jensey Junya Jrnside, Jr.	ich. Jr.	22 NAME AND AGOBESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212						
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (pill as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART I									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TES 2 NO 1 Dignifient 2 ER/Outpatient 3 DOA 4 Nursing Home a Residence a Other (Specify)									
	27. MANNER OF DEATH 1 Natural 5 Pending	2ab. TIMI	E OF 28c.	INJURY AT WORK?	BE HOW INJURY O	CCURED				
IED BY	2	office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilma, date end piece, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the Ilma, date end piece, end due to the cause(e) end menner se stated.									
TO BE C	296. SIGNATURE AND TITLE OF PERTIFIC	1000 20	mee	(1)	200 LICENSE NO	MBER 385	29d. D/	TE SIGNED (Month, Day, Year)		
	Charles,	THO COMPLETED CAUGE OF	NNE	Print) //	10 75	01-	TOM	Rd-Toinson		
	APR 1 1 1991	32. REGISTRAN'S 8	GANDANA.			/				
100	(1	•					DHMH-18 Rev 1/		

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or and TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buffat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

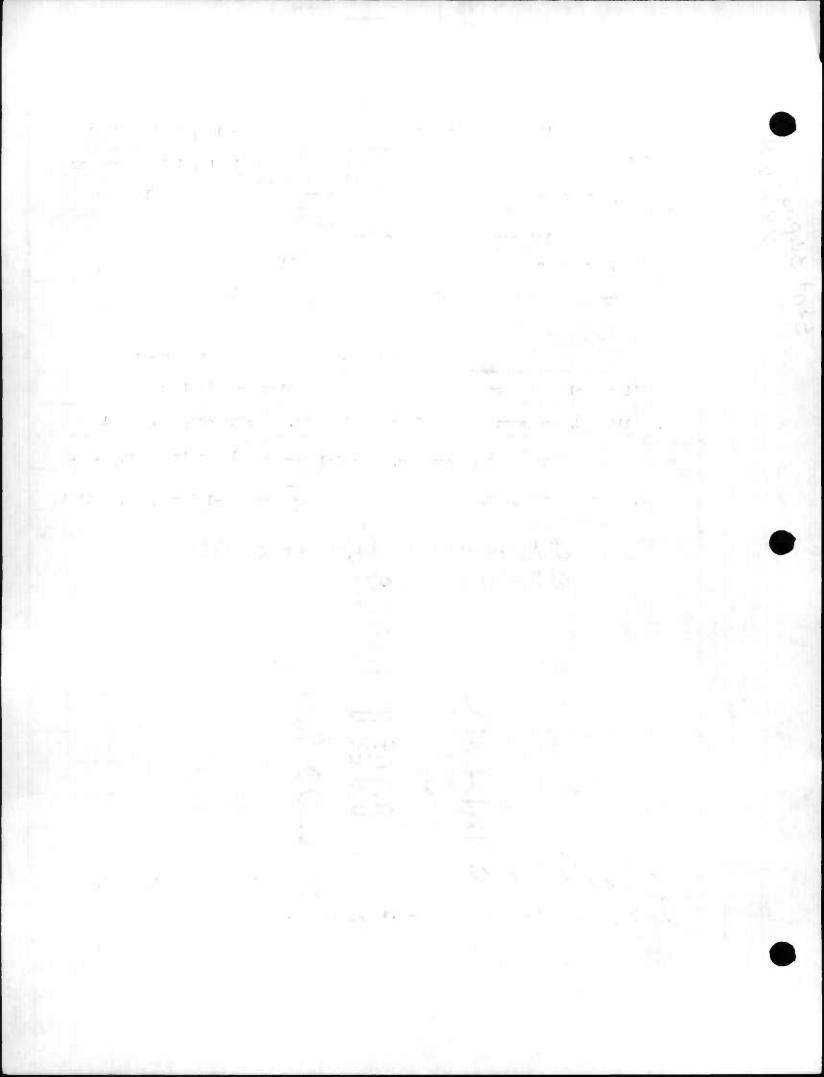
Sent

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	•	CERTIFIC	ATE OF DEATH	REG. I	NO.	
1. DECEDENT'S NAME (First, Middle, Last)	illiam John	Schwartz	72	2. DATE OF DEATH	DAY 1991 YE	3. TIME OF DEATH 12:15 AM
4. SOCIAL SECURITY NUMBER 059 07 1086			UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year July 16	, 1910	New York
9a. FACILITY NAME (If not institution, give 302 E. Joppa		96	CITY, TOWN OR LOCATION OF C	DEATH	9c. COUNTY	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT MD B	altimore		OWN OR LOCATION WSON			10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO
10e. STREET AND NUMBER 302 E. Joppa			101. ZIP CODE 212	204	10g. CITIZEN	OF WHAT COUNTRY? U. S. A.
11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 🗷 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 KNO Spec	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S USI	JAL OCCUPATION done during most of working tired.)	16b. KIND OF	BUSINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +)		ineer	E	lectrica	1
17. FATHER'S NAME (First, Middle, Last) William Held	Schwartz		16. MOTHER'S N	AME (First, Middle, Mai prence Tir	den Sumame) iklepaugl	n
19a. INFORMANT'S NAME (Type/Print) Mr. William C.	Schwartz	30 Rob	oness (Street and Number or Rura in Ridge Ct.	Baltimo:	Town, State, Zip Cod	21234
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rei 4 Donation 5 Other/(Specify)	novai from State	ob. PLACE AND DATE Of f cemetary, crematory or Ocean Co.	onsposition (Name of America) Memorial Garde	4/6 PATE 20c.	om's Rive	or Town, State
21. SIGNATURE OF FUNERAL SERVICE L		3 -	22. NAME AND ADDRESS OF F MITCHELL-WI 6500 York H	CEDEFELD F		
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DEP RO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	PROSTA+			
PART II. Other algnificent condition	d	but not resulting in	he underlying cause given i	n Pert i 24e Was	AN AUTOPSY	24b. WERE AUTOPSY FINDING
				PER	FORMED? S 2 NO	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	· · · · · ·	OW INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28e, PLACE OF INJUI	RY — At home, farm, streecily)		281. LOCATION (St. City or Town, S	reet and Number or Fitate)	Rural Route Number,
one)			et the time, date and place, and d			iuse(s) and manner so stated.
29b. SIGNATURE AND TITLE OF CHITE	fond No	•	D 0	UMBER 1927	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type, Pr	MED·M·D.			
31. DATE FILED (Month, Day, Year) ADR 1 1 1991	Sura Davidson	anpassa				



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E	B te	28
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	SPIT	VER.	=
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	물	THE DAY	Š
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within conjudits after death. Page 6 may be retained by the hospital or arms	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be fied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

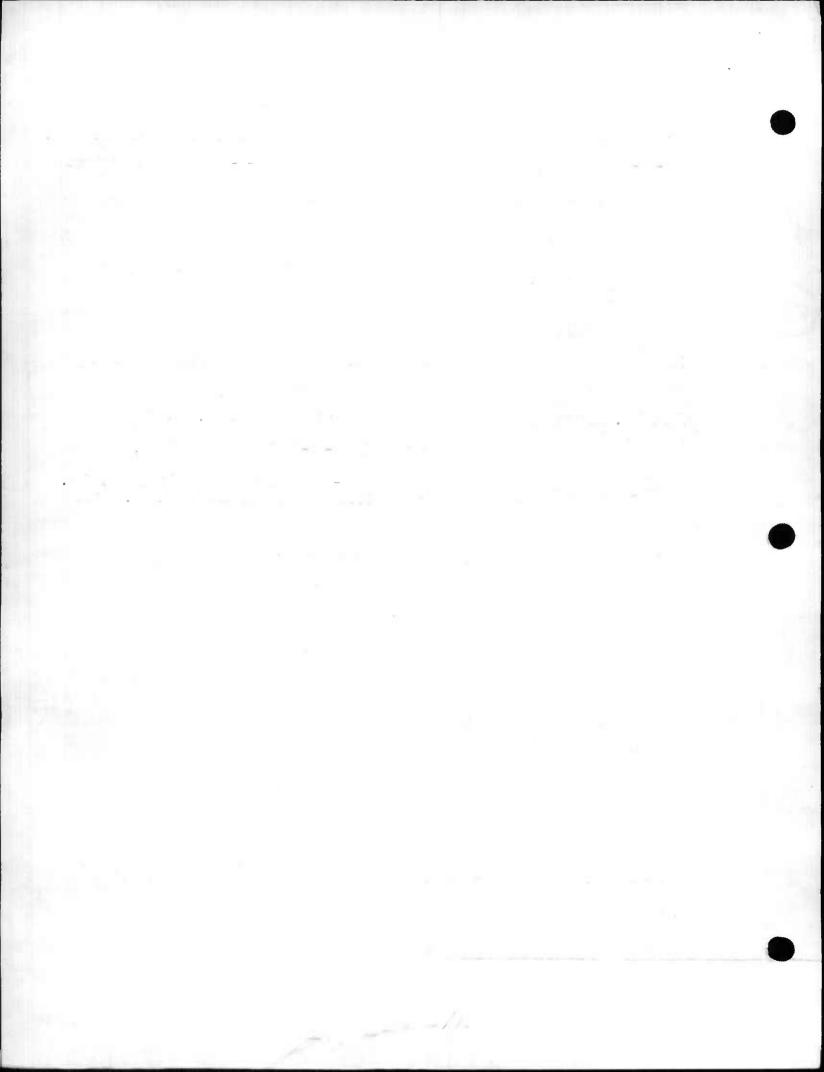
Dr. Thomas Trinchetto, MD.
31. DATE FILED (Month, Day, Year) 32. REGISTRAL

	FOR	STATE OF MARYL	AND / DEPAR	IMENT OF H	IEALTH AND I	MENTAL HYGI	9 Ene	09608			
	1 - STATE REGISTRAR			CATE OF		REG.					
	1. DECEOENT'S NAME (First, Middle, Las	t)				2. OATE OF DEATH	DAY	3. TIME OF DEATN			
	CATHERINE	MARY	SCH	IOEN		April 9	9 19				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign			
	205-10-7450	1 - M 2 XXF 74	YRS.	MONTHS DAYS	HOURS MIN.	9 - 8 - 191	6	Pennsylvania			
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN (OR LOCATION OF DE			Y OF DEATH			
FUNERAL DIRECTOR	Franklin Square	Hospital		Rossvi	lle		Balt	imore County			
E I	10a. STATE 10b. COUR	1TY	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
a	Maryland Bal	timore	Edag	emere				1 VES 2 XNO			
7	10e, STREET AND NUMBER	Camoree	Teag		. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
R	12 Darbara Laura				21219		Unita	d States			
Z	13 Barbara Lane	12. WAS DECEDENT EVER I	N II S ARMED	12 WAS DEC		VIC ORIGIN? (Specify		4. RACE — American Indian,			
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp		n, Puerto Rican, etc.		Black, White, etc. Specify: White			
							1				
COMPLETED	15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S (Give kind of w	rork done during mo		16b. KIND OF	BUSINESS/INDU	STRY			
<u>"</u>	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT us								
M M	12th grade		Bottling	Line		Paul	Jones D.	istillery			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Me	iden Sumame)				
BE	Edward Costello				Evely	n Sweeny					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City or	Town, State, Zip C	Code)			
2	Joseph J. Schoe	n	13 Ba	rbara Lo	ine Balti	more, Md	. 21219				
	20a, METNOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or 1 & Burlel 2 Cremetion 3 Removal from State Garden Place Of Faith 4-12-1991 Baltimore, Mary										
	4 Donation 5 Other (Specify)		- 0		ND ADDRESS OF FA						
	1 500 V	PCons	20	Duda-	Ruck Fun	ieral Hom		ndalk, Inc. Md. 21222			
	23. PART I. Enter the diseases, of	or complications that cause	d the deeth. Do n								
		e. List only one cause on a						Interval Between			
	IMMEDIATE CAUSE (Finel							Onset end Death			
	resulting in death)	e. Acute Myocardial Infarction. Due TO (OR AS A CONSEQUENCE OF):									
	DUE TO (OR AS A CONSEQUENCE OF):										
Z		b. Coronary	Artery	Diseas	se.						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7):							
3	CAUSE (Disease or Injury	- Aortic St	tenosis								
三	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
E 1	resulting in death) LAST	d									
2											
PHYSICIAN: MEDICAL	PART II. Other eignificent condit	one contributing to death	but not resulting	n the underlyin	ig ceuse given in		S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO			
8						1 U YE	S 2 X NO	OF DEATH?			
W								1 WES 2 NO			
-											
A	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)					
2	EXAMINER? HOSPITAL: OTHER:										
75	27. MANNER OF DEATH	26a. DATE OF INJURY			JURY AT	6 Other (Specify,		1000			
4	1 Natural 5 Pending	28d. OEŞCRIBE HOW INJURY OCCURED									
ВУ	2 Accident Investigation										
	3 Suicide 6 Could not		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	4 Homicide determined	4 Homicide determined									
2 LE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
M	anal							cause(s) and menner as stated,			
8				,,				The state of the s			
BE	296. SIGNATURE AND TITLE OF CERTI		w. 0		29c. LICENSE NU						
	Thomas 8.	Trucketto.			024	791		119191			
5	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type	Print)							

121 Breakwater Ct.

Joppa, MD

21085



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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2. DATE OF DEATH TOWNSEND WILLIAM 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 74 DAYS HOURS 1 M 2 - F 579 22 5639 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE YEORGES HOSP. HEVERLY ENTER 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGES LANDOVER FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 3617 TYROL DRIVE 20785 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BÝ 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ndary (0-12) Elementary/Seco College (1-4 or 5+) hours after death. Page 6 may be retained by the hospital 12 DRIVER filled in by the funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JESSE** MAGGIE GRAVES H STERN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JESSE STERN JR 439 NORTH JERSEY AVE ATLANTIC CITY N.J. 08401 e 20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE must MARYLAND VETERANS CEMETERY4/12/91 CHELTENHAM MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEL 22. NAME AND ADDRESS OF FACILITY
ALEXANDER S POPE FUNERAL HOME M859 2617 PA AVE SE WASH DC 23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiec or respiratory arrest, the medical shock, or heart fellure. Liet only one cause on each line. ysician and completely filled in prior to burial, cremation, or IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sepsis traumatic event. DUE TO (OR AS A CONSEQUENCE OF): colihi sendo mem provon t CERTIFICATION Sequentielly liet conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING NECOCHAIN PROUM the attending physician Mental Hygiene prior to Provmonia CAUSE (Disesse or Injury or other that initiated events resulting in deeth) LAST Severe heart PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY MEDICAL een signed by the massive right sid ed corobial shows any 1 TES 2 NO Renal insufficience peen Seizure disorder has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem State HOSPITAL:
1 Nipotient 2 ER/Outpatient 3 DOA certificate OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) the th 6 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED marked, WITH this 1 Natural
2 Accident 5 Pending Investigation death BY DIRECTOR: After 1 hours after death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 40 6 Could not be COMPLETED 28 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Physician Stacy KHIL D36924 2 30. NAME AND ADURESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7940

32. REGISTRAR'S SIGNATURE

Johnson

ROU

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stau

31. DATE FILED (Month, Day, Year)

CERTIFICATE OF DEATH

09609 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 8:03pm M 8. BIRTHPLACE (State or Foreign NEW YORK, N.Y. 9c. COUNTY OF DEATH PRINCE GEORGES 10d. INSIDE CITY ₩ YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE — American Indian, Black, White, etc. BLACK 16b. KIND OF BUSINESS/INDUSTRY COMPUTER SCIENCE CO 20c. LOCATION — City or Town, State Approximate Interval Between Onset and Death d 9A7 3 weeks 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

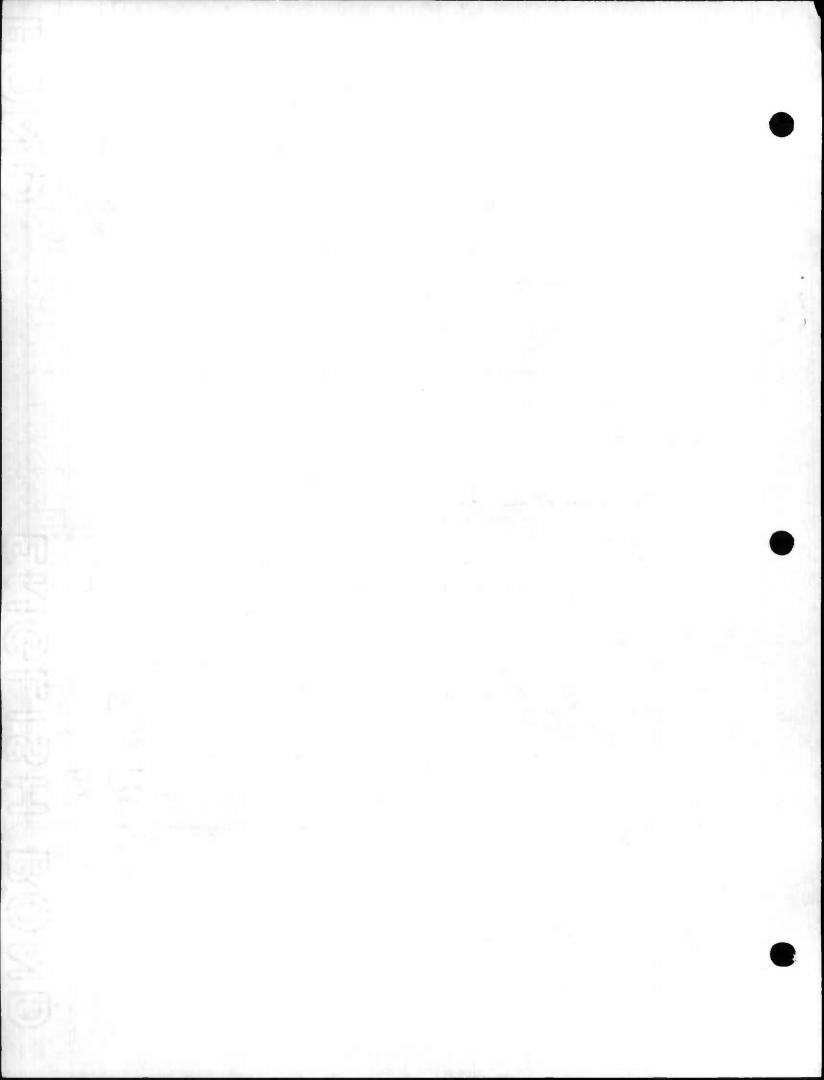
29d. DATE SIGNED (Month, Day, Year)

4/10/91

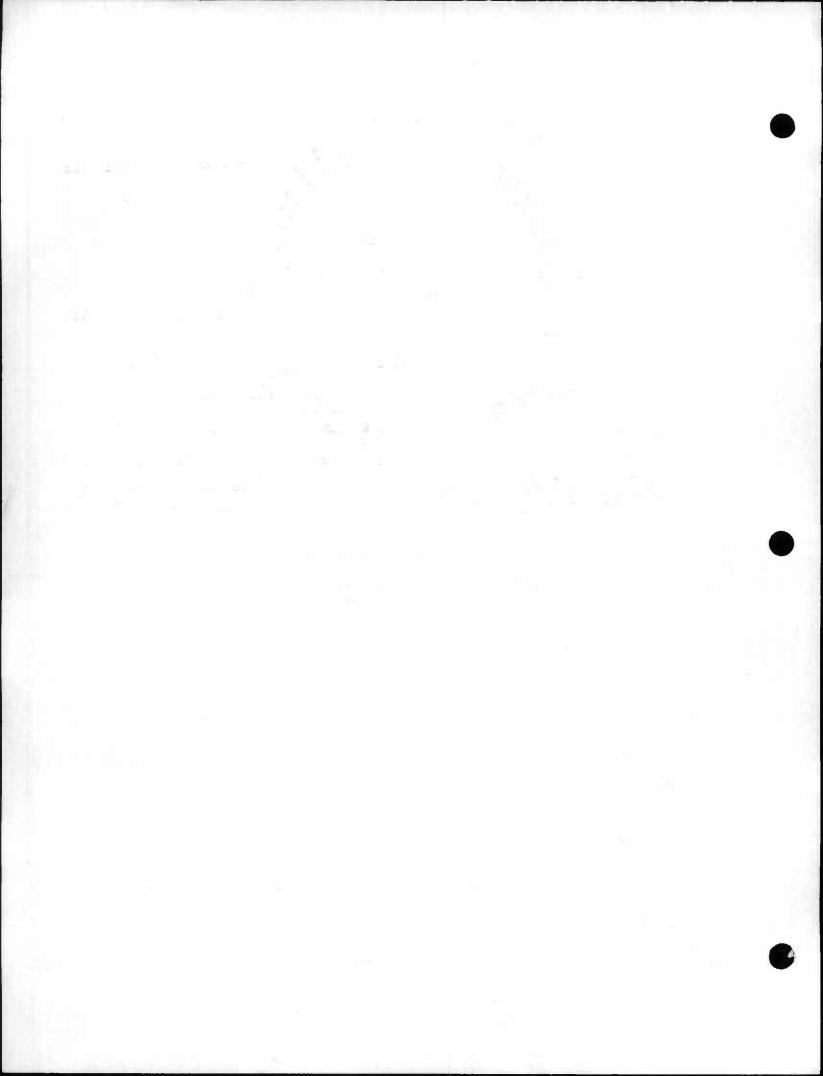
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AVENUE

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	FOR STATE REGISTRAR	STATE OF MARYLA				MENTAL HYGIEN REG. NO.	91	09610
<u>.</u>		ikan Vi	lasano	_		4	6 91	
	072-20-2954	1 Am 2 - 64	yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN. OR LOCATION OF DE	(Month, Day, Year) 10-6-26		BIRTHPLACE (State or Foreign Country) Puerto Rico OF DEATH
TOR	JOSEPH Ketchi	Hospice		Ball	i mi			N/A
DIREC	Maryland	N/A						10d. INSIDE CITY LIMITS? 1 XXYES 2 NO
RAL	100. STREET AND NUMBER 828 N. Eutaw S	St.		1			10.00	OF WHAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X X 0	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice	n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify:
G	15. DECEDENT'S EDUC							White
IPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT u	rse retired.)	iosi or worning	Self	Employ	red
ш	17. FATHER'S NAME (First, Middle, Lest) Leovigildo Villa	afana						
٩	190. INFORMANT'S NAME (Type/Print) Lucy Howard							
		val from State	other place!	_				
	21. SIGNATURE OF FUNERAL SERVED	exentens	eks	22. NAME /	AND ADDRESS OF FA	Mitchell-W	√iedefe	eld Home
ERTIFICATION	shock, or heart failure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	DUE TO (OR AS A	ATDRY CONSEQUENCE	LRI LVLEH LVLEH PP: METZS	REST			interval Between Onset and Death
CAL C	PART II. Other algnificant conditions	s contributing to death be	ut not resulting	in the underlyl	ing couse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL ·		T	PLACE OF OEATH (C)	eck only one)		
. ≥	1 TYES 2 M NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TI	4 Nursing He	NJURY AT		INJURY OCCU	RED
D BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	At home, farm	M 1	YES 2 NO	281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
	290. CERTIFIER (Check only			rred at the time, do	ite end plece, end du	to the ceuse(s) and ma	enner as stated	
CON	2 MEDICAL EXAMINE		n and/or investigat	tion, in my opinion				GONED (Month, Day, Year)
TO BE	J.m. Juma	my m "	O .	na Bristi	D224	58	1	-6-91
	L.M. JUHA	MOY, M.D.	220		RIDGE	RD, BKL	10.11	10, 2/2/2
	APR 1 1 1991 9			10		<u></u>		DHMH-18 Rev 1/8
	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) LEO 4. SOCIAL SECURITY NUMBER 072 - 20 - 295 4 9a. FACILITY NAME (if an animate), give sin JOSUPPER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MATYLAND 10c. STREET AND NUMBER 828 N. EUTAW 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed XXIND vorced 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last) Leovigildo Villa 19e. INFORMANT'S NAME (Type/Pring) LUCY HOWARD 20e. METHOD PSPOSITION 1 Denation Jother (Specify) 11. BIOMATURE OF UNBERAL BETTER 23. PART I. Enter the diseases, or cahock, or heart failure. It immediates of the conditions of the condition of the condit	1. DECEDENT'S NAME (First, Middis, Last) 1. DECEDENT'S NAME (First, Middis, Last) 1. DECEDENT'S NAME (First, Middis, Last) 1. DECEDENT'S NAME (First, Middis, Last) 1. DECEDENT'S NAME (First, Middis, Last) 1. DECEDENT'S DECEDENT'S EDUCATION 1. STATE 1. DECEDENT'S DUCATION 1. STATE 1. DECEDENT'S DUCATION 1. STATE 1. DECEDENT'S EDUCATION 1. SAME (First, Middis, Last) 1. MARRITAL STATUS 1. DECEDENT'S EDUCATION 1. SPOREST AND NUMBER 828 N. EUTAW St. 1. MARRITAL STATUS 1. DECEDENT'S EDUCATION 1. SAME (First, Middis, Last) 1. Leovigildo Villafana 1. Devigildo Villafana 1. DEVENORAMY'S NAME (First, Middis, Last) 1. Leovigildo Villafana 1. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY'S NAME (First, Middis, Last) 2. DEVENORAMY SAME (First, Middis, Last) 2. DEVENORAMY SAME (First, Middis, Last) 2. DEVENORAMY SAME (First, Middis, Last) 2. DEVENORAMY SAME (First, Middis, Last) 2. DEVENORAMY SAME (First, Mid	TABLE STATE 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In) YEL SEST birtholds) 9. FACILITY NAME (First, Middle, Last) 1. MAY 2 F 64 YRS. 9. FACILITY NAME (First, Middle, Last) 10. STATE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. STATE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. WAS OCCUPANT OF DECEDENT OF STATE 13. STATE 14. STATE 15. DECEDENTS EDUCATION 16. STATE 16. STATE 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENTS EDUCATION 19. STATE 19. SECONDARY OF STATE 19. SECONDARY OF STATE 19. STATE 10. SECONDARY OF STATE 10. STATE 10. SECOND	DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DESTREET AND NUMBER 8.28 N. EUTAW St. 1. MARITAL STATUS 1. DECEDENT SPUARDAY 1. MARITAL STATUS 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S	THE STATE DECORPTS NAME (Part, Modes, Last) LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA LEOVIGIDID SOLIVAN VILLAFANA NAMINAL STATUS 828 N. EULAW St. 828 N. EULAW St. 828 N. EULAW St. 10 N. AND DIABASET 828 N. EULAW St. 10 N. AND DIABASET 828 N. EULAW St. 10 N. AND DIABASET 828 N. EULAW St. 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 10 N. AND DIABASET 11 N. AND DIABASET 12 N. AND DIABASET 12 N. AND DIABASET 13 N. AND DIABASET 14 N. AND DIABASET 15 N. AND DIABASET 16 N. AND DIABASET 17 N. AND DIABASET 18 N. AND DIABASET 18 N. AND DIABASET 19 N. AND DIABASET 19 N. AND DIABASET 19 N. AND DIABASET 19 N. AND DIABASET 10 N.	DECISITION 1. PROCESSITION 1. PROCESSI	TORGETH NAME (PTS, MARIS LAN) LEOVIGIDO SOLITAN VILLARANA LOCAL SICURITY NUMBER LEOVIGIDO SOLITAN VILLARANA A SOCIA SICURITY NUMBER LEOVIGIDO SOLITAN VILLARANA A SOCIA SICURITY NUMBER LEOVIGIDO SOLITAN VILLARANA A SOCIA SICURITY NUMBER LEOVIGIDO SOLITAN VILLARANA A SOCIA SICURITY NUMBER LEOVIGIDO SOLITAN VILLARANA A SOCIA SICURITY NUMBER LEOVIGIDO SOLITAN VILLARANA LEOVIGIDO S



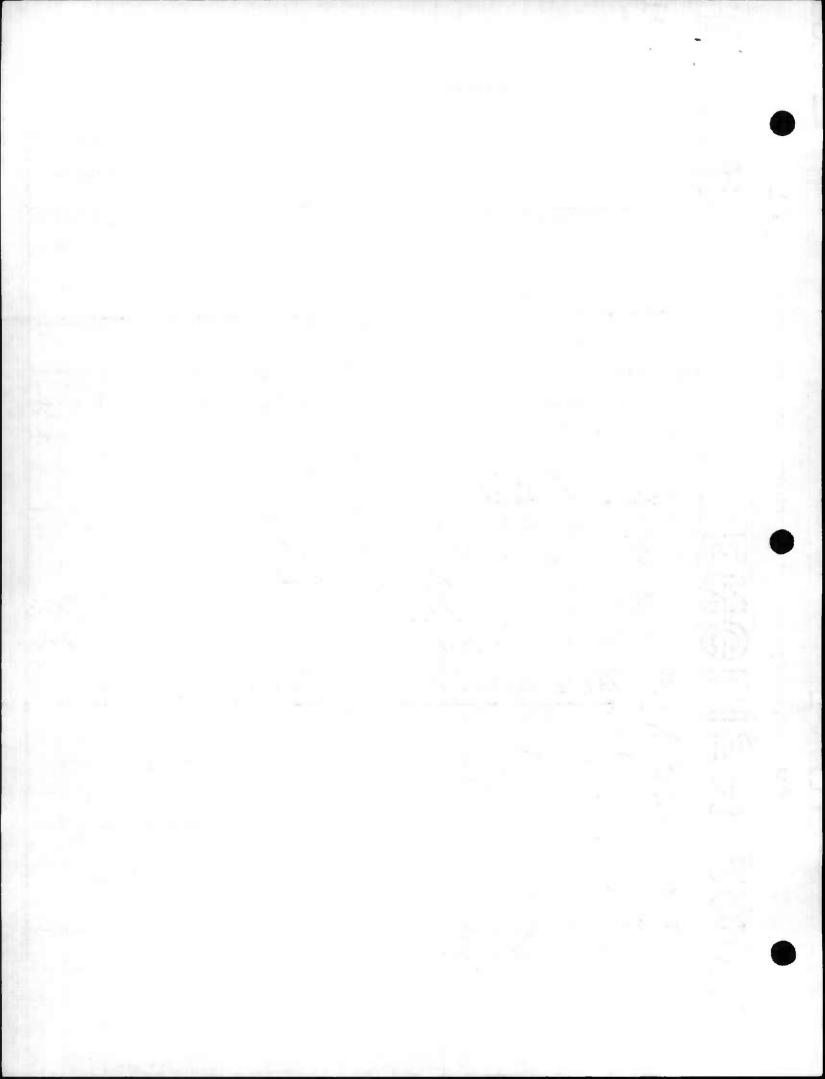
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4	FOR STATE REGISTR
1	1. DECEDENT'S
	4. SOCIAL SEC
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l	Rt 4
	11. MARITAL ST
П	3 Widowed

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE (JE DEATH	REG. N	Ю.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	0.00	3. TIME OF OEATH
TAMEC	Ε.		LITT TO		MONTH	1 0 0 1	YEAR 2.20 P
JAMES			WILT		April 2	1991	
4. SOCIAL SECURITY NUMBER	200	GE (In yrs. lest birthday)	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
217-05-1386	1 📉 M 2 🗆 F	7 2 YRS.	months of	noons min.	Sept 26	191	B Maryland
9s. FACILITY NAME (If not institution, give	street and number)		9h CITY TO	WN OR LOCATION OF D	<u> </u>	-	UNTY OF OEATH
The trace of the manager, give	street and nameary		Jac 6111, 10	WIN ON LOCATION OF D	LAIN		SKIT OF OEATH
Memorial Hospita	1		Cum	berland		A11	Legany
RESIDENCE OF DECEDENT							- Herry
10a. STATE 10b. COUNT	Υ	10c. Cf	TY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
WV Mi	neral		Kev	ser			1 YES 2 X NO
10e. STREET AND NUMBER				101. ZIP CODE		0.00	TIZEN OF WHAT COUNTRY?
Rt 4 Box 28-	A			26726		J	U.S.A.
11. MARITAL STATUS	I do uma processor cur						Lucian a Toron
1 Never Married 2 X Married	12. WAS DECEDENT 5VE FORCES? 1 2 Y	ES 2 NO	13. WAS	DECENDENT OF HISPA s, specify Cuben, Mexico	NIC ORIGIN? (Specify an. Puerto Rican, etc.)	Tes or No-	14. RACE — American Indian, Black, White, etc.
	IF YES, GIVE WAR O	R DATES		YES 2 NO Specif			
3 Widowed 4 Divorced	WW II						SpecMy: White
15. DECEDENT'S EDU	ICATION	18a. DECEDENT'S	IISHAL OCCU	PATION	18b. KIND OF	BIISINESS/IN	NOUSTRY
(Specify only highest grad	e completed)	(Give kind of	work done durir	g most of working	loc land of	200111200111	
Elementary/Secondary (0-12)	College (1-4 or 5+)						
8		Wareho	use E	mployee	Paper	Manı	ufacturing
17. FATHER'S NAME (First, Middle, Last)		-1			AME (First, Middle, Mak		
The state of the s							
Kenneth F	azenbaker			Myrt1	e Wil	τ	
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLIN	G ADDRESS (S)	reet and Number or Rural	Route Number. City or	Town, State. Z	Zip Code)
Managanah I III	1 +	Rt 4		28-A Ke			6726
Margaret L. Wi		KL 4	DOX	ZO-A RE	yser, w	V 20	3720
20 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren		20b. PLACE AND DA	E OF DISPOSE	TION (Name	DATE 20c.	LOCATION -	- City or Town, State
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	noval from State	Pot omac	Yer other place	al Gardens	1/5/01 Ke	vser.	WV 26726
		TOCOMAC .		AE AND ADDRESS OF F		, , ,	20,20
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE						
1 33 7	X		210	truck Fune			
Drian o	- / + num	4	85	South Mai	n Street	Keys	ser, WV 26726
Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF AS A C	16E	MA	_		YEAR
	d						- 1
PART II. Other significant condition	na contributing to dee	th but not resulting	10 M	CLIE	1 VE	AN AUTOPS FORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	HOSPUTAL:		OTHER:	26. PLACE OF DEATH (C	neuk anny ane)		
1 TES 2 BNO	1 Impatient 2 ER/	Outpatient 3 🗆 DOA		Home 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a, DATE OF INJU		ME OF 28	c. INJURY AT	28d. OESCRIBE HO	O YRULNI W	OCCURED
1 Natural 5 Pending	Magen, gray		JURY	WORK?			
2 Accident investigation	/////		NA .	YES 2 NO			
3 Suicide 6 Could not be	28a. PLACE OF IN.	URY - At home, ferm	street, factory	office	26f. LOCATION (Str	eet and Numb	ber or Rural Route Number,
4 Homicide determined	building, etc.	ореслу)			City or Town, S	rate)	
cont only	SICIAN: To the best of my i						stated. o the cause(s) and manner as stated.
	- Company	and an arrestigation	at any opini	, acom occured at th	- Living Gale and pract	, 10	
296 SIGNATURE AND TILE OF CERTIFI	ER O	/)		29c. LICENSE NO	IMBER	29d. D	ATE SIGNED (Mghth, Day, Year)
1	1m	//		D 105	60		415191
7		12		D 187	09	1	1-1.
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Ty)	e, Print)			/	
Dr. James Raver,	Memorial F	lospital.	Cumber	land, MD	21502		
31. DATE FILED (Month, Day, Year)	2 32. REGISTRAR'S	SIGNATURE					
		w - w 7771 W111W					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cre-	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic even
2	F 5	=

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		ENTAL HYGIENE REG. NO.	21 03012
	1. DECEOENT'S NAME (First, Middle, Last)		1		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	EUNICE ESTULA	WILLIAMSON			4 9	91 2:36 am
		SEX 6. AGE (In yrs. last	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	217-30 4070	□ M 2 以 F フス	YRS.		7-21-18	VA.
-	9a. FACILITY NAME (If not institution, give street	and number)	9b. CITY, TOWN C	OR LOCATION OF OEA	TH 9c. C	OUNTY OF DEATH
DIRECTOR	INTON MEMORIAL H	OSPITAL	BALTIM	ORE CITY		
E C	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	TION		10d. INSIDE CITY
G	ma.		BAITU.			1 TES 2 NO
AL	10e. STREET AND NUMBER	1 11	101	. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
BY FUNERAL	1708 N. Bona			210	2/3	2.5.
12	11. MARITAL STATUS 12 1 Never Married 2 Married	FORCES? 1 YES 2	O If yes, sp	ecify Cuban, Mexican,	C ORIGIN? (Specify Yes or No- Puarto Rican, atc.)	 14. RACE — American Indian, Black, White, atc.
1	.3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗌 YES	2 NO Specify:		Ne GA 11
B	15. DECEDENT'S EDUCATION		CEDENT'S USUAL OCCUPATION		16b. KIND OF BUSINESS	/INDUSTRO
	(Specify only bighest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	ve kind of work done during mo Do NOT use retired	ost or working		
를		1 1/4	puswife			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	11-		18. MOTHER'S NAM	E (First, Middle, Maiden Surnam	10)
H	MC Kiney WI	Kerson		Bess	IC WAL	1011
2	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street a	and Number or Rural Ro	ute Number, City or Town, State	Zip Code)
-	20a, METHOD OF DISPOSITION	rilliamson	170814.	DONA	51 - 13/17	1. mg 2/0/3
	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State other pla	OF DISPOSITION (Name of centro)	melery, crematory or	BA	I — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /// 60	22. NAME A	ND ADDRESS OF FACI	шту	, ,
ERTIFICATION TO BE COM	Betts Fune	exal Home	> 1/2	GN. CA	noline s	5
	shock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	T SCHOOL CONSE	COLUD MY	poputhy		Interval Between Onset and Death
ON	Sequentially list conditions, b	OUE TO (OR AS A CONSEC				
AT	if any, leading to immediate cause. Enter UNDERLYING	7 10	ailure.			
CERTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONSEC	(10			
<u>E</u>	resulting in death) LAST					
MEDICAL	PART II. Other algorificant conditions of Sevene Per pre-	contributing to death but not n	,	g cause given in P	Part I. 24a. WAS AN AUTOF PERFORMED? 1 □ YES 2 □ YES	AMAILABLE PRIOR TO COMPLETION OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF OEATH (Chec	ck only one)	
YSICIAN: MEDIC		OSPITAL: Unperient 2 ER/Outpatient 3	□ DOA 4 □ Nursing Hor	ne 5 🗆 Residence 6	Other (Specify)	
F	27. MANNER OF CEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. IN.		28d. DESCRIBE HOW INJURY	OCCURED
8	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, factory, offic	C.O.	261. LOCATION (Street and Nur City or Yown, State)	mber or Rural Route Number,
O BE COMPLET	(Oriect Oriny	N: To the best of my knowledge, de		-		a stated. to the cause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	7 D. GOL MD	M 271 (Terna Print)	29c, LICENSE NUM	BER 29d.	DATE SIGNED (Month, Day, Year) 4 4 4 4
-	David Pall w 31. DATE FILED (Month, Day, Year)	S S I E I	Inivarity P	knaz	(Union Men	vial Hosp)
	APR 1 1 1991 4	This Davidson-Randa	se y	V		

4. SOCIAL SECURITY NUMBER

216-03-6575

9e. FACILITY NAME (If not institution, give street and number)

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

FRANK S. WAESCHE JR.

6. AGE (In yrs. last birthday)

80

5. SEX

1 XX 2 - F

3. TIME OF DEATH

0600

BIRTHPLACE (State or Foreign Country)
 Maryland

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 1-30-11

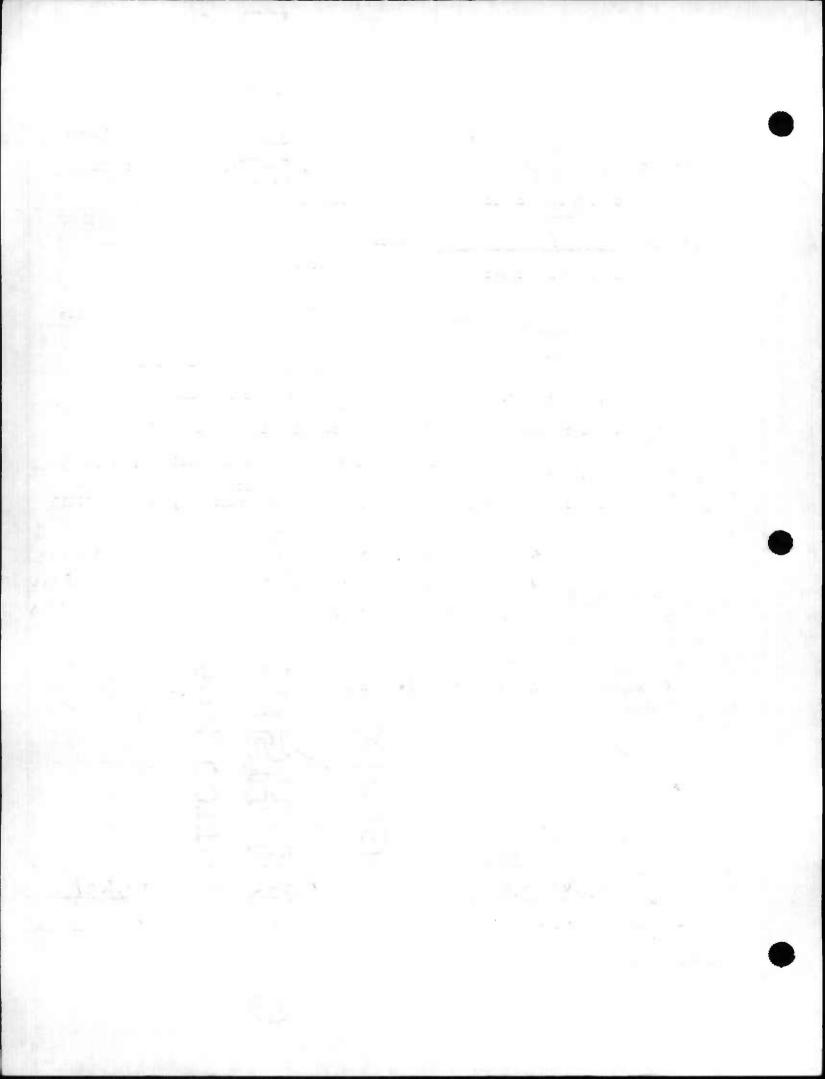
9 DAY

91 YEAR

9c. COUNTY OF DEATH

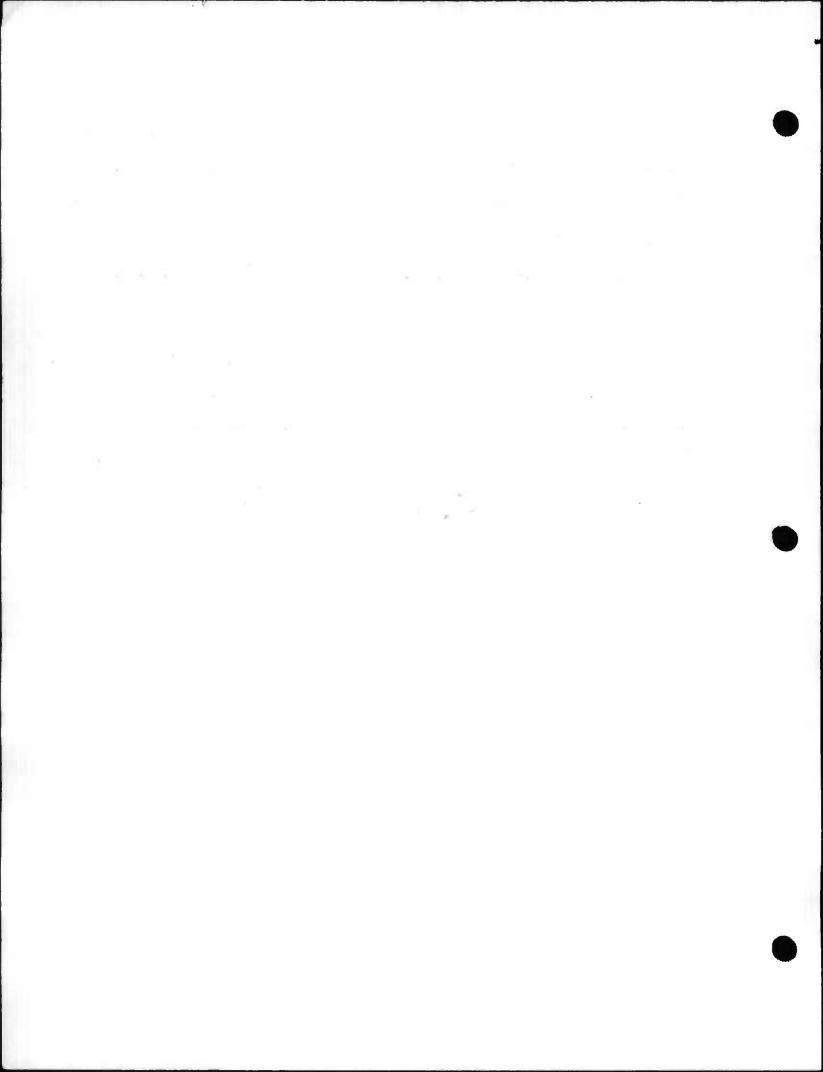
Pages 1, 2, 3 should

CTOR	4300 North Cha			Balti	more		N/A	
Si I	10e. STATE 10b. CC		10c. CITY,	TOWN OR LOCATION	N		10-	d. INSIDE CITY
DIREC	Maryland	N/A	Bal	timore			M	LIMITS? X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. Zi	P CODE	10g. CITIZI	EN OF WHA	T COUNTRY?
F.	4300 North Cha	rles Street			21218	U	SA	
ם זמ	11. MARITAL STATUS 1 Never Married 2 Merried 3 NWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [X] YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECEN If yes, specij 1 YES 24	DENT OF HISPANIC ORIGI fy Cuben, Mexicen, Puerto NO Specify:	IN? (Specify Yes or No— 1 o Rican, etc.)	4. RACE — Black, W Specify:	American Indien, hite, etc.
	15. DECEDENT'S (Specify only highest		16a. DECEDENT'S U (Give kind of wo	ork done during most of	of working	b. KIND OF BUSINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Broke			Real Esta	te	
	17. FATHER'S NAME (First, Middle, Las	nt)		-1	e. MOTHER'S NAME (First,	Middle, Meiden Surname)		
BE	Frank S. Wa	esche Sr.			Mary Mc(Cloughlin		
2	19e. INFORMANT'S NAME (Type/Print)					mber, City or Town, State, Zip C		
-	Frank S. Waes					Maryland 21		
	20s. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐	Removal from State	206. PLACE AND DATE (of cemetary, crematory of	r other place)	1	TE 20c. LOCATION — C		
	4 ☐ Donation S ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVI	Annual A	Noodlawn C		ADDRESS OF FACILITY	a Baltimor	e, Ma	ryland
	Lenns Ol	phin Cnak	200	22. NAME AND	Mit	chell-Wiede	feld	Home
	Dennis S	tephen Xenaki:	S	6500 Y	ork Road Ba	altimore, Ma	rylar	d 21212
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in deeth) LAST PART II. Other significant company that infiltated in the condition of th	c. CCRENT. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	DIOMYER ENT DI	SDASS	24s. WAS AN AUTOPSY PERFORMED? 1 UYES 2 MO	CC	SURDER AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			CE OF DEATH (Check only	one)		
S	1 YES 2 NO	1 Inpetient 2 ER/O		OTHER: 4 - Nursing Home	5 Residence 6 - Ott	her (Specify)		
Y PH	27. MANNER OF DEATH 1 Natural 5 Pending Investige			IRY WORK		ESCRIBE HOW INJURY OCC	JRED	
ED B	2 Accident Investign 3 Suicide 8 Could n 4 Homicide determine	ot ba 28e. PLACE OF INJU	RY — At home, farm, st pecify)	reet, factory, office		OCATION (Street and Number of ty or Town, State)	or Rural Rout	le Number,
COMPLET	cont only	PHYSICIAN: To the best of my kn AMINER: On the basic of examine						nd manner as stated.
BE	296. SIGNATURE AND TITLE OF GET	TIFIER MA		1	DO SOS		SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSO		^		ECD:	CRIZ ZIZI		
	31. DATE FINED VACUUM DON YOU	M.D. 3501 32. REGISTRAR'S SI Julia Davidson	GNATURE	J	1/1/01/14	-17	•	
	100	A TOTAL MANAGER						DUMP. 18 S



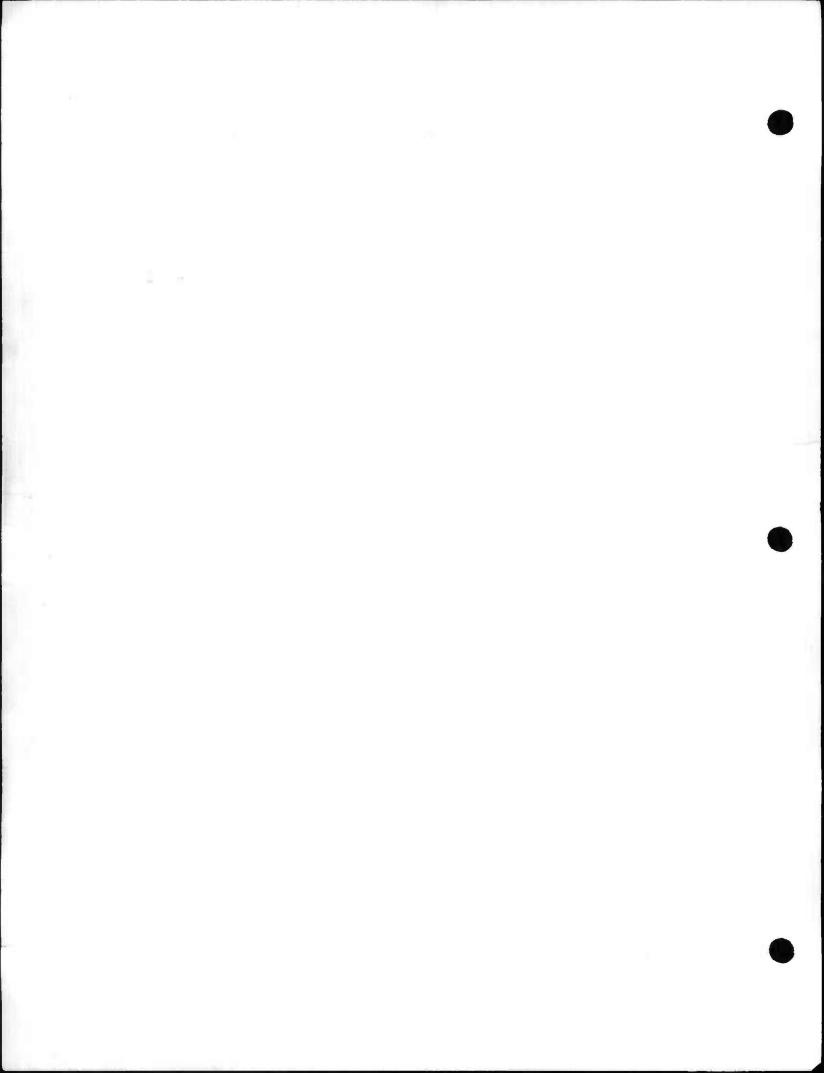
BALTIMORE, MARYLAND 21203-3146	rours after death. Page 6 may be retained by the hospital or attending physician.	1 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNCRAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the for filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E	050 4
1. OECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH	v ve.s	3. TIME OF GEATH
Sylvia Strick	er Young				MONTH 7	91 ^{YEAR}	10:20 a. w
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign ntry)
219-30-9539	1 □ M 2 🔀 F 82	YRS.	DAYS DAYS	HOURS MIN.	4-26-08		Md.
9a. FACILITY NAME (If not institution, gi	ve street and number)	9	b. CITY, TOWN O	LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
Little Sisters RESIDENCE OF DECEDENT 10e. STATE 10b. COU	of the Poor Nu	ursing Hon	ne-Cator	nsville		Baltin	nore Co.
10a. STATE 10b. COU	NTY	10c. CITY, 1	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
Md.	N/A	Bal	timore				1 YES 2 NO
10e. STREET AND NUMBER 3603 Crosslar 11. MARITAL STATUS 1 Never Married 2 Married			10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
3603 Crosslar	d Ave Baltimo	ore. Md.		21213		U.S.	Λ.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. RA	CE - American Indian, ack, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify		Sp	ecity:
	N	A	1		N/A		White
15. OECEDENT'S I (Specify only highest g	rade completed)	16a. DECEDENT'S US (Give kind of wor	SUAL OCCUPATION k done during mon withed.)	N t of working	16b. KINO OF BUS	IINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				Q+ T	m la f. ar. 18/ar	on a through
N/A	N/A	Organia	37				nastery Ch.
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
Henry J. S	tricker				eresa M. S		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
Donald E. Young					Baltimore,	-	
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 5 4 Donation 5 Other (Specify)	lamoval from Stata	other place) Parkwood				cation — chy or ltimore	F-000
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	20221004	22. NAME AN	D ADDRESS OF FA	CILITY		110.0
			35	12 Frede	rick Avenu	е	
G. Truman 23. PART I. Enter the diseases,					Nd. 21229		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	**	CONSEQUENCE OF):	Cu	neer 2	Ch Cancer	/	Onset and Deat
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):		Page			
PART II. Other significent condi			the underlying	ceuse given in	Part I. 24a. WAS AN PERFO! 1 YES 2	MED?	14b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	L		24 194	ACE OF OEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:		OTHER:				
1 YES 2 NO	1 Inpatient 2 ER/Out		-		8 Other (Specify)		
1 Natural 5 Pending 2 Accident Investigat	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR	TY WO	RK? ES 2 NO	28d. DESCRIBE HOW	NJURY OCCURED	
3 Suicide 8 Could not 4 Homicide determine		Y — At home, farm, str cify)	eet, factory, offic		281. LOCATION (Street City or Town, State)		al Route Number,
(andon any	HYSICIAN: To the best of my know						
2 MEDICAL EXA	MINER: On the basis of examination	andor investigation,	as my opinion, d	eath occured at the	r unire, caste and place, ar		
4 Homicide 8 Could not determine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERT	SFIRST D			29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Marth, Day, War)
	~~					4	7/7/
Dr. Natarajan R				Balto.	, Md. 2122	9	7 1
31. DATE FILED (Month, Day, Year) APR 1 1 1001	32. REGISTRAR'S SIGN	NATURE DOLLAR					



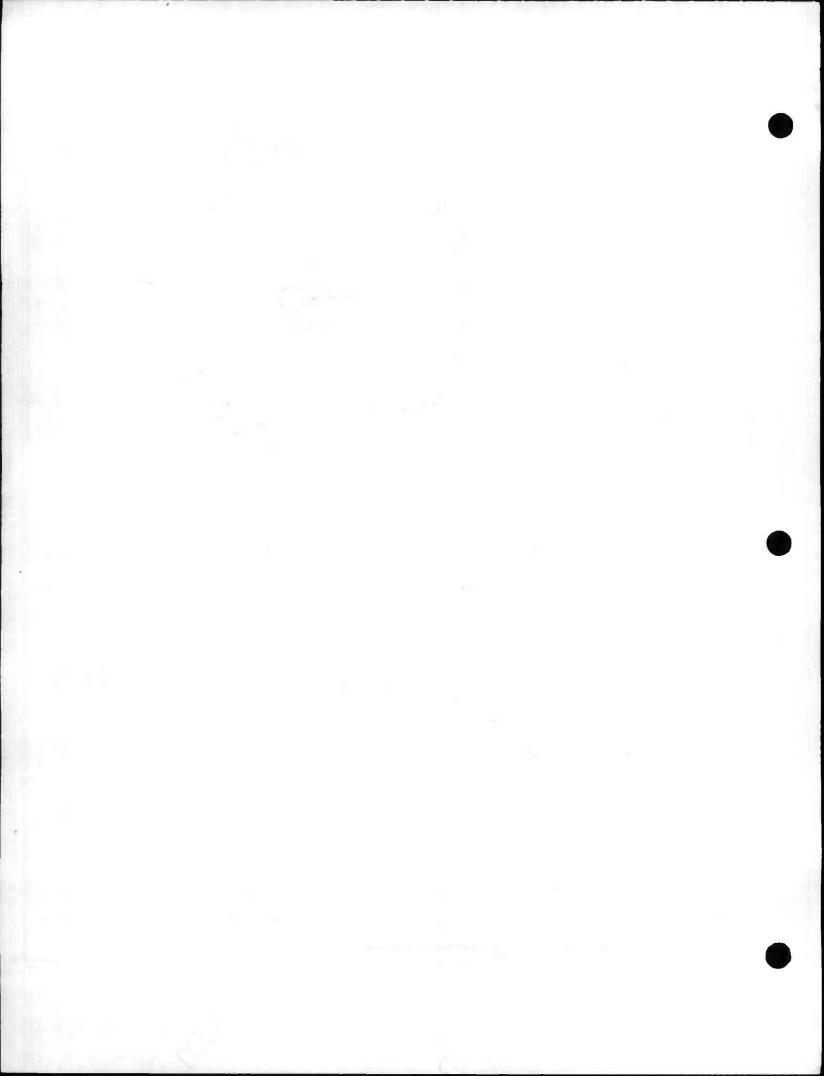
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND N	MENTAL HYGIENI REG. NO.	E	1 03010
	1. DECEDENT'S NAME (First, Middle, Last) R6 SE	ACKER	MAN			2. DATE OF DEATH MONTH DA	2 9	YEAR 2041 M
١l	4. SOCIAL SECURITY NUMBER 162-36-1061	5, SEX 8. AGE (III		THE DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Gay, Year) 0	ů.	BIRTHPLACE (State or Foreign Country) Czechoslovakia
HOH	SA. FACILITY NAME (If not institution, give st. SHADY GLOUE HOVE RESIDENCE OF DECEDENT	ownst Hospin		CITY, TOWN C	R LOCATION OF DE	ATH		y of death gomery
DIRECTOR	10e. STATE 10b. COUNTY	gheny		wn on Locat	ION			10d. INSIDE CITY LIMITS? YES 2 \(\text{\tinit}\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tex{\tex
RAL	100. STREET AND NUMBER 6315 5th. Avenue			101	. ZIP CODE 15232		10g. CITIZE	N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 🔼 NO	If yes, sp		IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No — 14	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ref	done during mo ired.)	DN st of working	16b. KIND OF BUS	SINESS/INDUS	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Ben Sanders	·			Bertha 2	ME (First, Middle, Malden Zelkovitz	7.55.6	
2	Dr. R. Marshall A	ckerman, Son				Poute Number, City or Town Bethesda		20852
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify) 21. SIGNATURE OF SPECIFIC LICE	Ter	place of disposition other place) mple B'Nation	Israe	el Cemete	ery N. Ve	ersail	ty or Town, Stata
1	21. SIGNATURE DI POSTAL SERVICE LIC	A Ata				dberg Memor		
CERTIFICATION	IMMEDIATE CAUSE (Final	b. As p work Due to (or as a Due to (or as a Lung Co	ch line.					Approximate interval Between Onset and Death 4 days 4 days / month
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to deeth be	ut not resulting in t	he underlyln	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
ву РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. IN.	URY AT PRICE 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCU	IRED
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec		rt, factory, offic	•	28t. LOCATION (Street City or Town, State)		r Rural Route Number,
COMPLETED	conton only	CIAN: To the best of my knowless. On the basis of examination						d. cause(a) and manner as stated.
TO BE (30, NAME AND ADDRESS OF PERSON WH	bolotery	5 M)	DZ 6 5	_	29d. DATE	SIGNED (Month, Day, Year) - 2 - 91
	Carl 1. 5	choenber	ger (HEM 27) (Type, Pril	6220	Fre	Lench K	d. (Gaitheroburg.
	APR 3 - '91	32. REGISTRAR'S SIGN.	MURE Mandell					

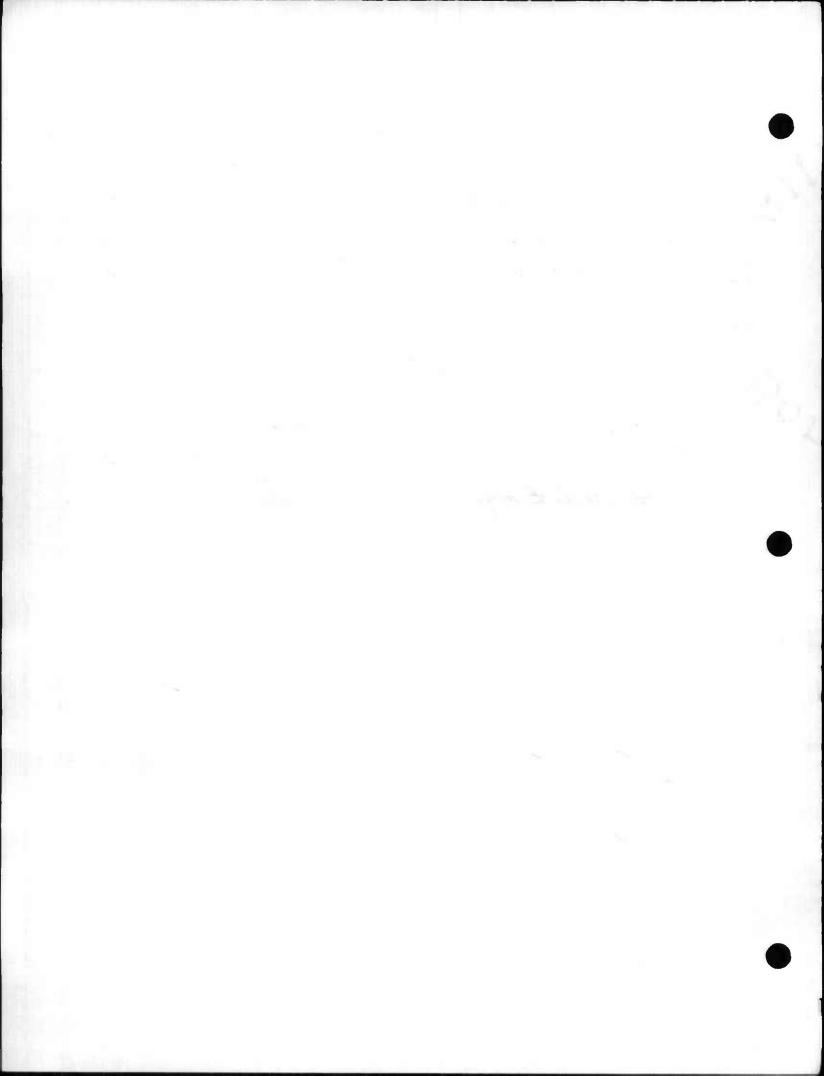


	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OF VITA	LRE	CORD	S, P	0	BOX	1314	6,			BALTIMORE, MA	<u>M</u>	A,	Ž	⋖-
THE HOSPITA	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.3 nours after death. Page 6 may be refail	PHYSICIAN: The	law req	uires that	the deat	th certi	ficate be	executed	within	47 110H	irs afte	r death.	Page 6	may	be ret	23
THE FUNERA	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	this certificate I with the State	Dept. of	signed by Health and	the ath	ending Hygie	physiciar ne prior	n and cost	mpletely	ion, or	n by ti	e funera	direct	or, pa	20	65

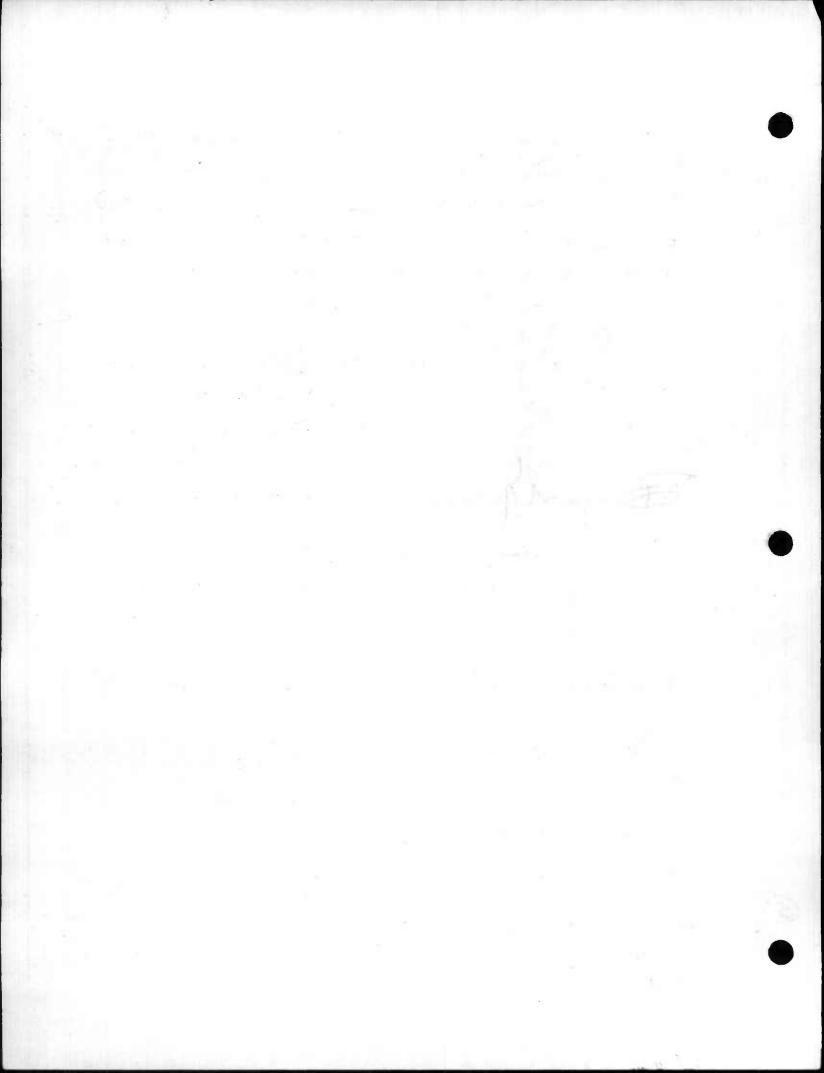
		FOR STATE REGISTRAR	STATE OF MARYLAI		RTMENT OF H			GIENE 3. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) Robert	ROBERT RANDO	LPH ALI	ION	7-	2. DATE OF DE	ST - 9	
(P)		4. SOCIAL SECURITY NUMBER 219-20-2847	5. SEX 8. AGE (In 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		24,1929	
7	B.	9a. FACILITY NAME (If not institution, give str Washington County			96. CITY, TOWN O	TOWN	ATH	9c. COUNTY Wash	of DEATH
No. of Street, or other Designation of the last of the	DIRECTOR	100. STATE 10b. COUNTY Maryland Was	hington	10c. CIT	ry, town or Locat				10d. INSIDE CITY LIMITS? 1 V YES 2 NO
physician. bunal-transit permit. Pages	ERAL	100. STREET AND NUMBER 541 Frederick St				21740		10g. CITIZEN	OF WHAT COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN I FORCES? 1 X YES IF YES, GIVE WAR OR DAT KOYEAN CONF	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	n, Puerto Rican, I	city Yee or No— 14.	RACE — American Indian, Black, White, atc. Specify: White
office of the of	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12yrs •	ATION	16a. DECEDENT'S		ON et of working		of Business/INDUST	
by the hospital be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		100/11	LOTAIT	18. MOTHER'S NA			011
	BE C	Edward			con	Paulir			Wolf
should for should	0	19a. INFORMANT'S NAME (Type/Print) Jean Hanna		2.00				or Town, State, Zip Coo	
y be		20e. METHOD OF DISPOSITION	20b.	PLACE OF DISPO	OSITION (Name of cer			20c. LOCATION - City	rland 21740 or Town, State
e 6 m ector,		1 X Burial 2 Cremation 3 Remo	wal from State Be	other place) OONSBOT	o Cemete	ry		Boonsboro	, Maryland
ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LIC	//	A Ziv		Funeral	7		boro Pike Maryland
ours at d in by or remo		IMMEDIATE CAUSE (Final	List Dnly Dne cause Dn ea	ch line.					Onset and Death
ted within 2.0 completely fille fall, cremation, the event, the		disease or condition resulting in death)	MENINGE,	CONSEQUENCE	arcinou	natosi	2		2 months.
le be executed sician and con prior to burial, traumatic en	CATION	cause. Enter UNDERLYING	DUE TO (OR AS A	CLUS	naligna	nt tyn	phone	a, Lorge	Zmonths.
th certification of the control of the certification of the certificatio	ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE	OF):				
that the ed by the h and Me	JICAL C		ostructive	Long	Diseas		7	WAS AN AUTOPSY PERFORMED? ES 2 \(\subseteq \text{NO} \)	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
The law requires the ta has been signed ate Dept. of Health 23 shows any	MEDIC	Congestive			e_		_		1 TYES 2 LINO
has b Dept.	SICIAN:	Maliquant 25. WAS CASE REFERRED TO MEDICAL	melanon	a.	26. P	LACE OF DEATH (C)	neck anly one)		
	SIC	EXAMINER?	HOSPITAL: 1 10 Inputient 2 - ER/Output	etlent 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Spe	cify)	
PHYSICIAN: this certifical with the St	PHY	27. MANNER OF DEATH 1 Polytural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. T	NJURY W	JURY AT ORK?	28d. DESCRIB	E HOW INJURY OCCUP	RED
Affer death	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Speci			YES 2 NO	28f. LOCATION City or Tow	(Street and Number or m, State)	Rural Route Number,
DR ATTEN DIRECTOR: hours after ttem 28 le	=	290. CERTIFIER . FLEDTIEVING DAVE	ICIAN: To the best of my knowle	ados danth acou	urned at the time, dat	a and place, and the	to the course(s)	and manner as stated	
로로	COMPL	(Check only	ER: On the basic of examination						
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE S	HGNEO (Month, Day, Year)
TO THE De fied IMPOR	TO B		mutt uni			D104	75_		
			Smith Mi			14.11 A	re. Ha	geostown,	Med 21740
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						



	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH AND I	MENTAL HY	GIENE 9		09617
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE		YEAR	3. TIME OF OEATH
	Sidney	Eugene	Ames		Jr.			March 2	4, 1991		0600 A.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Ybar)	Coun	HPLACE (State or Foreign try)
	007-36-3154	1 X M 2 □ F	51	YRS.					6, 1939		aine
	Se. FACILITY NAME (If not institution, give str						OR LOCATION OF OR	ATH		INTY OF	
CTOR	Washington Cou	nty Hosp	oitai			над	erstown		Wa	shin	gton
EC	10e. STATE 10b. COUNTY	_		10c. CI	TY, TOWN O	A LOCAT	TION				10d. INSIDE CITY
DIRE	Maryland Was	hington			Hager	sto	wn				1 YES 2 NO
ERAL	100. STREET AND NUMBER 220 Alexander St					101	ZIP CODE		10g. CIT		WHAT COUNTRY?
ÿ					La		21740			_	S.A.
FUN	11, MARITAL STATUS 1 Never Merried 2 Merried	FORCES?	NT EVER IN U.S. AF	NO.	1	f yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica	n, Puerto Rican,		Blac	E — American Indian, ck, White, etc.
В	3 Widowed 4 Divorced	IP YES, GIVE	MAR OR DATES		. '	☐ YES	2 NO Specify	γ:		Spe	White
Ü	15. OECEDENT'S EDUC (Specify only highest grade		(0	the kind of	Work done	CUPATIO	ON ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Mech	ne retired.)			Maa	hino Ch		
COMPL	12			Mech	anic		Las MOTUTOIS NA		hine Sh	op	
	17. FATHER'S NAME (First, Middle, Last) Sidney E		A		Can		18. MOTHER'S NA			C 4: -	
BE	19e. INFORMANT'S NAME (Type/Print)	ugene	Ames		Sr.	(Street a	Dorot and Number or Rural		May or Town, State, Z	Sto io Code)	ne
5	Mabel E. De Sho	ng	17.				r Street				21740
	20e. METHOD OF DISPOSITION		20b, PLACE	OF DISPO	SITION (No	me of cer	metery, crematory or		20c. LOCATION -		
	1X Buriel 2 Cremation 3 Remo	oval from State	Brook	Lawn			l Park		Portlan	d,	Maine
	21, SIGNATURE OF FUNERAL SERVICE LIC	-					ND ADDRESS OF FA		uneral 1	Home	Tnc
	. R. hoel	Braa	4		4	0 E	. Antieta	am Stre	et, Hag	erst	own, Md. 2
	23. PART I. Enter the diseases, or of shock, or heart fellure.				not enter	the mo	ods of dying, suc	h aa cerdlac c	r respiretory a	rrest,	Approximata Interval Batw
	IMMEDIATE CAUSE (Final	siat only one to									Onset and De
	disease or condition resulting in death)	0				<u>C</u>	Lun	4			3mes
		DUE TO	O (OR AS A CONSE	OUENCE	DF):						
CATION	Sequentially list conditions,	DUE TO	O (OR AS A CONSE	OUENCE	OF):						
CAT	if any, leading to immediate cause. Enter UNDERLYING	ċ.									
L	CAUSE (Disease or Injury that initiated events	OUE TO	O (OR AS A CONSE	OUENCE	OF):						
ERT	resulting in death) LAST	d									-
N C	PART II. Other algnificant condition	a contributing t	o death but not	resulting	In the ur	nderfyln	ig cause given in		WAS AN AUTOPS!	/ 2	Ib. WERE AUTOPSY FINDS
DICA									YES 2 10		COMPLETION OF CAUS
ME											1 YES 2 1 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH (C	heck only one)			
>	1 VES 2 NO	1 Mipatient 2 26s. DATE C	ER/Outpatient	3 DOA 28b, TI			me 5 Residence	T	cify) E HOW INJURY O	CCUREO	
PH	1 Natural 5 Pending	(Month,	Day, Year)		M	W	ORK? YES 2 NO	204. 5240.110			
BY	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY - At I	ome, farm	, street, fac	tory, offic	ce	26f. LOCATION	(Street and Numb	oer or Run	al Route Number,
ETED	4 Homicide determined	Dunain	g, atc. (Specify)					City or Tox	m, State)		
J.E	29a. CERTIFIER (Check only	CIAN: To the best	of my knowledge, o	lenth occu	rred at the	time, dat	e and place, end du	e to the cause(e)	end manner es s	tated.	
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/o	r investige	tion, in my	opinion,	death occured at th	e time, date and	place, and due to	the caus	e(a) end manner as atate
ш О	29b, SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICENSE NL	MBER			ED (Month, Day, Year)
980	Vantant	mo					D 1801	7	•	3, 2	4.71
TO BE COMP	30. NAME AND ADDRESS OF PERSON WH					-					
	VASANT DAT				IILL	3-	7 MAG	ERSTO	WN, A	un:	٢(١١٤)
	APR 05 91	32. REGISTI	rar's signature va Davidson	-Man	dell						
	APK U J J I	1 0		•							



	1 - STATE REGISTRAR	CERTIFICATE OF DEA	ATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DAT	E OF DEATH	YEAR 3. TIME OF DEATH
		GUSTINE Sr.	0		81 2 316
	439265531 1×1 20 F 6	YRS. MONTHS DAYS HOURS	8 MIN. (Moi	nth, Day, Year) -4-26	8. BIRTHPLACE (State or Foreign Country) Illinois
CTOR	9a. FACILITY NAME (If not institution, give street and number) HOWAN) COMETY GONERAL HO. RESIDENCE OF DECEDENT	SPITAL COLUMIS			TY OF DEATH
DINE	10a. STATE 10b. COUNTY 17 6 How And	10c. CITY, TOWN OR LOCATION ELLICOTI CIT	Y		10d, INSIDE CITY LIMITS? 1 PYES 2 NO
ERAL C	3105 West SPRING DR	101, ZIP CC		10g. CITIZ	ZEN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO 13. WAS DECENDENT 19. WAS DECENDENT 19. WAS DECENDENT	T OF HISPANIC ORIG		14. RACE — American Indian, Black, Whita, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 8 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo life. Do NOT use retired.) mechaj	nic	8b. KIND OF BUSINESS/INDU	
MP	7 17. FATHER'S NAME (First, Middle, Lost)			U.S. Gover:	nment
ECC	Unknown	111.5		gustine	
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Num			Code)
2	Clare A. Augustine	2728 Lorring Dr.	. #202 Fo	restville,	MD. 20747
	1 & Burial 2 Cremation 3 Removal from State	PLACE OF DISPOSITION (Name of cometery, of other place)		20c. LOCATION — C	
	4 Donetton 8 Other (Specify) Ma	ryland Veterans Cer	metery 3/	18/91 Chelt	enham. MD.
	Dry a Lelb			4308 i, Inc. Suit	Suitland Rd. land, MD. 2074
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF): MATURY FAILURE CONSEQUENCE OF): MSEM A -Sever CONSEQUENCE OF):			Onset and Dec
: MEDICAL C	PART II. Other algorificant conditions contributing to death be SCATTLED LUNCHS. 20 7			24a. WAS AN AUTOPSY PERFORMED? 1 YES 2	24b. WERE AUTOPSY FINDINI AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		F DEATH (Check only	one)	
YSICI	1 YES 2 NO 1/ Impatient 2 ER/Outp	etient 3 DOA 4 Nursing Home 5	Residence 6 🗆 Ot	her (Specify)	
ВУ РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY AT WORK?		DESCRIBE HOW INJURY OCC	CURED
ED	3 Suicide s Could not be datermined 28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street, factory, office		OCATION (Street and Number ity or Town, State)	or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge of my knowledge of the control of the best of my knowledge of the control of the best of the best of the control of the best of the best of the control of the best of the best of the best of the control of the best of the bes				
BE (296 OF NATURE AND TITLE OF CERTIFIER	29c. 1	LICENSE NUMBER	29d. DATE	SIGNED (Month, Day, Hor)
5	30, NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DE		21 /19	-	5/19/77
	N. JOS & CAGIARDI M. D	COLUMNIA MED Ma Savidson Pandale	OLAN .	PUGL SAT	NAT'L GIL
	3/14/ P/MAR 19 91 4	the Davidson-Randell		RMColl	2104



10a. STATE

MARYLAND

10s. STREET AND NUMBER

1 📉 Never Married 2 🔲 Married

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

204. METNOD OF OISPOSITION
1 Burlel 2 Cremation 3 Ren
4 Denation 8 Other (Specify)

21. SHMATURE OF PUNERAL SERVICE

IMMEDIATE CAUSE (Finel

disease or condition

29b, SIGNATURE AND TITLE OF CERTIFIES

- '91

31. DATE FILED (Month, Day, Year)

APR

resulting in death)

3 Widowed 4 Divorced

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

1. OECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

7309 BROOKVILLE ROAD

15. DECEDENT'S EDUCATION

Boudinot P. Atterbury

Boudinot P. Atterbury

(Specify only highest gr

1 XM 2 F

College (1-4 or 5+)

5+

MONTGOMERY

A SOCIAL SECURITY NUMBER

217-72-4558

(
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceedings the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONS	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algolificant condition	na contributing to death but no	t resulting	In the u	nderlying cause given in	Part I.	24a. WAS AN PERFOR				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL ENAMINER?				26. PLACE OF DEATH (C	heck only o	ne)				
SIC	1 N YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient	OTHE 4 □ Nu	6 9 Oth	er (Specify) F						
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE NOW					
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)								
COMPLE	Torrect Chap	ICIAN: To the best of my knowledge, ER: On the basis of examination and/									

32. REGISTRAR'S SIGNATURE

Julia Davidson Rendelle

2. OATE OF CEATH 3. TIME OF OEATH 3-30 Nick R. Atterbury BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 1959 IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 31 October 1 New York 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 8000 Block Meadowbrook Lane Rock Creek Regional Park RESIDENCE OF DECEDENT Chevy Chase Montgomery 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY CHEVY CHASE 1 XYES 2 NO 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20815 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puarto Rican, etc.)

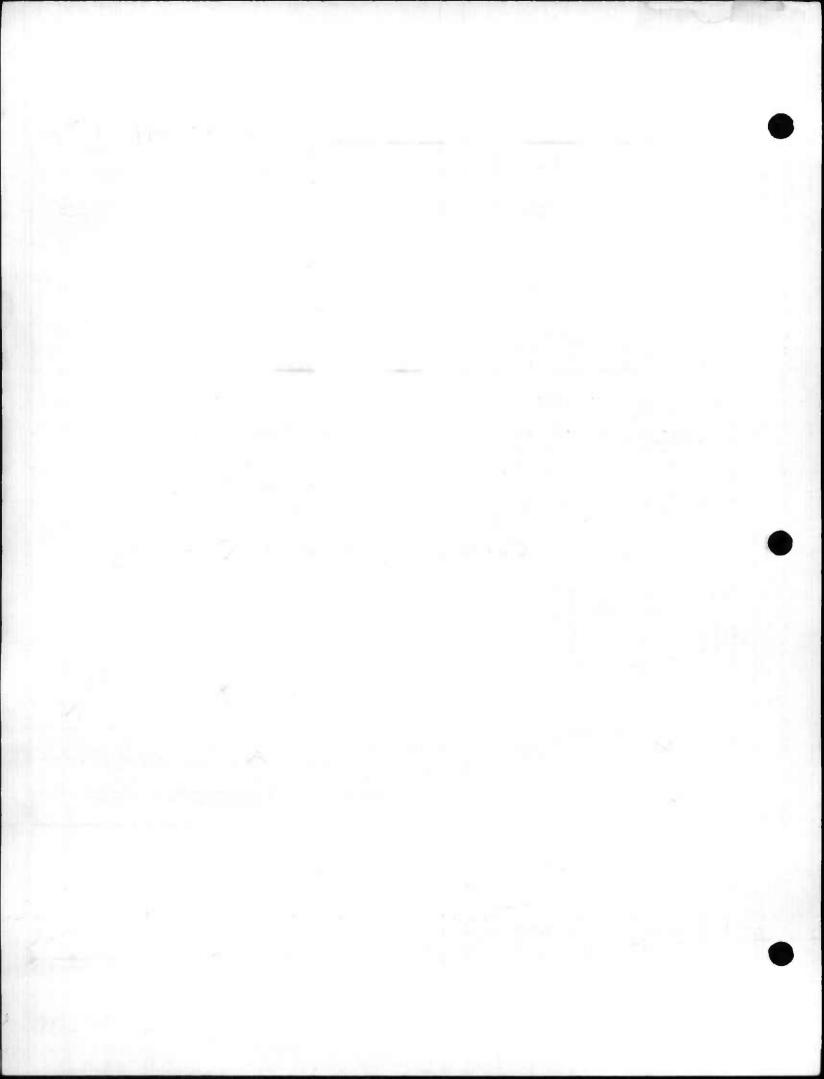
1 YES 2 X NO Specify:

Specify:

Specify: White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Paralegal/ 16b. KINO OF BUSINESS/INDUSTRY National Library of Medicine Administrator of Services 18. MOTNER'S NAME (First, Middle, Maiden Surname) Katharine Talcott 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7309 Brookville Road, Chevy Chase, Maryland 20815 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State Montgomery Crematorium, Bethesda, Maryland Inc. Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc., 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 M00846 23. PART I. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only unexasse on each line. Interval Between Onset and Death monoxide poison arbon DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE □ NO 1 - YES 20 NO Rock Creek Park NJURY OCCUREO and Number or Rural Route Number, oner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, deta end place, and due to the cause(a) and manner as stated. DO8546 29d. DATE SIGNED (Month, Day, Year) 30-9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 18 WISCONSIN

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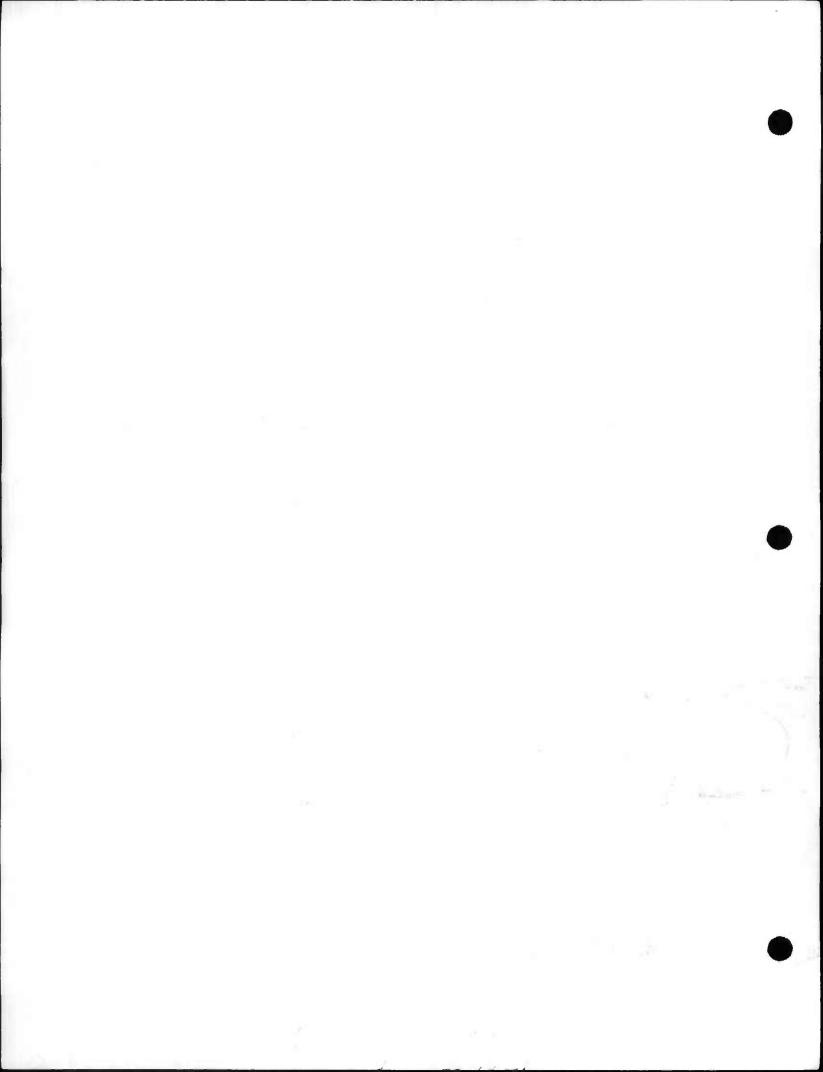
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ì	1. DECEDENT'S NAME (First,								2. DATE OF E	EATH DA	ı,	YEAR	3. TIME OF DEATH
1	ROBERT CR								MARCI	1 2		1991	1113 p M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)			6. BIRTH Counti	IPLACE (State or Foreign
	233-56-3834		1 🖾 M 2 🗌 F	53	YRS.				3/4/38	3			ch Carolina
~	9a. FACILITY NAME (If not in			OTIMETED.	- 1			R LOCATION OF DE				INTY OF D	
5	MALCOLM GROV		MEDICAL	CENTER		ANDK	EWS	AFB, MD			PRIN	CE G	EORGES
E C	10a. STATE	10b. COUNTY				TOWN OF							10d. INSIDE CITY
H	Virginia	Fair	fax		A	lexar	ndri	.a					LIMITS? 1 TYES 2 X NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER						101.	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
E	6514 Tower	Drive/	304				2	2306			Ţ	JSA	
5	11. MARITAL STATUS 1 Never Married 2 X	107 (174)	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DECI	ENOENT OF HISPAN	IIC ORIGIN? (Sp	ecify Yea	or No-	14. RACI	E — American Indian, k, White, atc.
BY	3 Wildowed 4 Divo		IF YES, GIVE Y	MAR OR DATES		1	YES	2 NO Specify	<i>y</i> :	,,		Spec	
	15. DEC	EDENT'S EDUC	CATION	16a, DE	CEDENT'S U	ISUAL OC	CUPATIO	N	16b. KIN	D OF BUS	SINESS/IN		Lastan
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 6	(G	ve kind of wo Do NOT use	ork done du	ring mo	it of working					
P		,	5+		ficer				Mi	ilita	arv		
Š	17. FATHER'S NAME (First, M	iddle, Last)	T.					16. MOTHER'S NA					
BEC	Ed Avers							Bertha	a Enlo				
10 B	19a. INFORMANT'S NAME (7							nd Number or Rural i					
	Kathe Ayers							ve/304					
	20a. METHOO OF OISPOSITI	n 3 🗌 Rame	oval from Stata	other pla	(ce)			netery, cremetory or				City or To	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
	4 Donation 5 Other		ENGEE	Arlı	igton			1 Cemete	ery	Ari	ingto	on, \	Virginia
	STATE OF FOREIGN)	1 ()	12.	1	\ " j	Dema	o address of fa	eral Ho	omes	, Inc	C	
	()an	Kal	1 0	0 20	my	1	Alex	andria,	Virgi	nia :	2231	4	
	23 PKRT I. Enter the d shock, or h		complications the List only one ca			ot enter t	he mo	de of dying, suc	h aa cardiec	or respi	ratory a	rrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	MET	A CTATT	A TOTAL	NC A D C	TATO	264					Onset and Death
	resulting in death)	→	a	ASTATIC			TNO	MA					
_				(0.1.10.1.00.1.02.									j
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	OR AS A CONSE	DUENCE OF):							
CA	cause. Enter UNDERLY		c										
불	that initiated events		OUE TO	(OR AS A CONSE	DUENCE OF):							
띩			d			-							
7	PART II. Other significe	ent condition	a contributing to	death but not i	esulting in	the Unc	derlying	cause given in	Part I. 24e	. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Š									10	YES 2			COMPLETION OF CAUSE OF DEATH?
Ä													1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one)				
YSI	1 ☐ YES 2 NO		1 🕅 Inpetient 2	☐ ER/Outpetlent 3	□ DOA	4 - Nurs	ng Hom	e 5 🗆 Residence					
	27. MANNER OF DEATH 1 Natural 5	Pending	26a. DATE O (Month,	F INJURY Day, Year)	26b. TIME INJU			RK?	26d. DEŞCRI	BE HOW I	NJURY O	CCURED	
BY	2 Accident	Investigation	28a PLACE	OF INJURY — At he	me form of	m l		rES 2 NO	201 LOCATIO	as (Chant)	and Mumb	ne or Press!	Route Number,
COMPLETED	3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Specify)		ireet, tacto	, , 01110			wn, State)		or Or Fichal	riode warion,
9	29a. CERTIFIER	TIEVINO DUVE	ICIAN: To the best o	d mu basadadas de	ath assume	4 -4 -4 - 4	4-4-		4.0				
MP	One)	(1) 1 1 0 mm and	CIAN: To the best of R: On the basis of										a) and manner as stated.
	29b. SIGNATURE AND TITU							29c, LICENSE NU					D (Month, Dev. Year)
B		0.0	7 1	00				290, LICENSE NO	MDER				, , , , , ,
	11 007	ed)	C +/ -M	1							1	$V \times V \times V \times V \times V \times V \times V \times V \times V \times V \times$	7 21 1001
5	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	JSE OF OEATH (ITE	M 27) (Type.	Print)	7	*** ***					1 21 1991
	30. NAME AND ADDRESS O ROBERT C. J				М 27) (Тура,	MA		LM GROW			CAL (
		ONES,	CAPT, US			MA		LM GROW			CAL (



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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

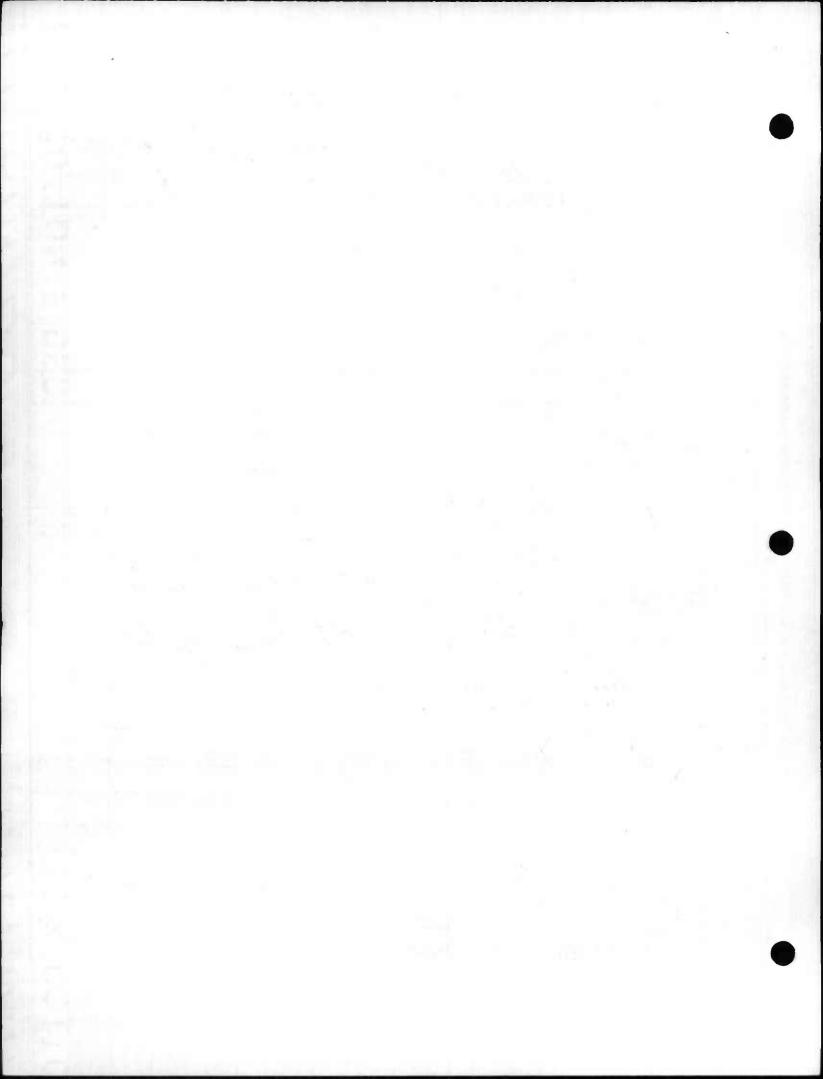
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

09621 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

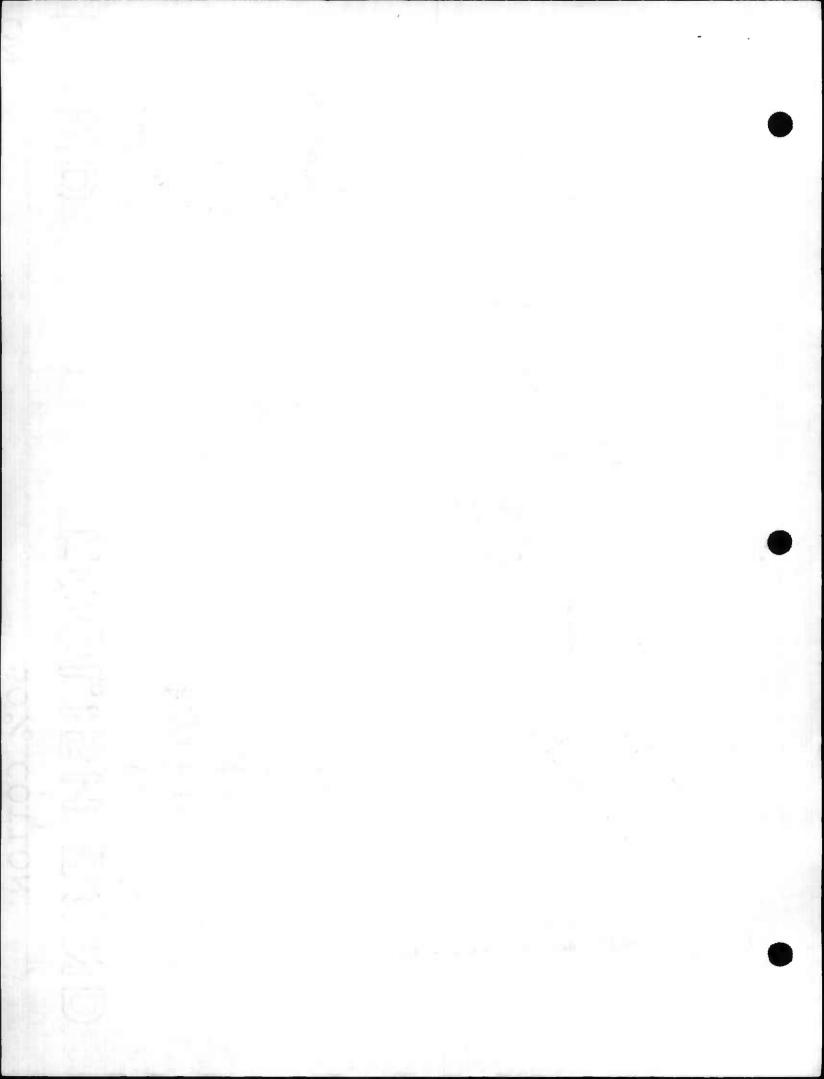
1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN REG. NO		09621
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF OEATH
Ethel Pearl B	artlett				03 2	91	10:54a M
4. SOCIAL SECURITY NUMBER	The second second	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
214-05-6686	1 🗆 M 2 💢 F	94 vas.	months bars	HOURS MIN.	01-13-97	7	MD
9a. FACILITY NAME (If not institution, give				OR LOCATION OF O	EATH	9c. COUNTY	
Frostburg Commun	ity Hospital		Frost	urg		Alle	any
10a. STATE 10b. COUN	TY	10c, CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
MD Allec	anv	Camil	berland				LIMITS?
10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
803 Hilltop Dr	ive		2	1502		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Nover Married 4 Divorced	IF YES, GIVE WAR OF			2 NO Speci			Specify:
15, DECEDENT'S ED	HICATION	16a. DECEDENT'S	HEILAL OCCUPATI	ON.	16b. KIND OF BU	SINESS (IND. IS	white
(Specify only highest gra-	de completed)		rork done during me		TOU. KIND OF BO	SINESS/INDUS	ini
Elementary/Secondary (0-12)	College (1-4 or 5+)	Former	employ	200	Text:	110	
17. FATHER'S NAME (First, Middle, Last)		TOTIKE	CHIPLOY		AME (First, Middle, Maiden		
Albert Dellinge	er			Mares	Lauman		
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street		Route Number, City or Tox	m, State, Zip Co	ide)
Mrs. Ruth Light		803 Hi	illtop D	rive Cun	berland, M	D 2150	12
20s. METHOD OF DISPOSITION	movel from State	20b. PLACE OF DISPOS other place)	SITION (Name of ce	metery, crematory or	20c. LC	CATION - CIT	y or Town, State
4 Donation 8 Other (Specify)		St. Lukes	Cemete	ry	3_29 Cum	berlar	nd, MD
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	.11	22. NAME A	ND ADDRESS OF F	ACILITY		
(hones t	Macara	W/ =	Cimb	erland bettt tu	neral Home MD 21502		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	· Res	B A CONSEQUENCE OF	Clast	et my	gan din/g	ngnoi	Onset and Death
PART II. Other algorificant conditions		n but not regulting in Types	n the underlyin	g cause given in	Part I. 244. WAS AN PERFO	RMED?	24b. WERE ALTOPRY FINENGS AWAL ABLE PHIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	None III			LACE OF DEATH (C	heck only one)		-
1 TES 2 NO	HOSPITAL:	outpatient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 C Other (Specify)		
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28m. DATE OF INJU! (Month, Day, Yes	ry 28b. TIMI		JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	AED
3 Suicide 6 Could not b	28e. PLACE OF INJU- building, etc. (\$	JRY — At home, farm, a specify)	street, factory, offi	20	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
(chicon diny	YSICIAN: To the best of my kr NER: On the basis of axamin						ceuse(s) and manner as stated.
29b. SHONATURE AND TITLE OF CERTIF	MARI			29c. LICENSE NI	IMBER 3	29d. DATE	18/9/
Shin Kim 48 Tari		rostburg,		32			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S						
APR 01 199	1 Section Triends	n-Randelle					
	0				-	_	DHMH-1S Rev 1/8



		REGISTRAR		CE	HILL	CALE OF	DEATH	REG. N	0.		
		1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH MONTH	B.14	WEAR	3. TIME OF DEATH
	1 1	MARY	E.	BEA	RING	ER	-	March 25	1991	YEAR	4:25 P
(D)		4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-18-1		_	IPLACE (State or Foreign
(F)		316-07-2449 9a. FACILITY NAME (If not institution, give				SP CITY TOWN	OR LOCATION OF O			NTY OF D	
7	DIRECTOR	Memorial Hospital				Cumber		SATI		egan	
8	-E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CITY	r. TOWN OR LOCA	TION				10d. INSIDE CITY
permit. Pages 1,	%	MD Allega	inv		Cumb	perland,					LIMITS?
THE STATE OF THE S		10e. STREET AND NUMBER	<u> </u>		Cari		M. ZIP CODE		10a, CIT		WHAT COUNTRY?
	FUNERAL	40 Grand Avenue				2	1502		US		
020 physician. burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. AR	WED	13. WAS DE	CENOENT OF HISPAI	NIC ORIGIN? (Specify	Yes or No-	14. RACI	E — American Indien, k, White, etc.
D 2 2	BY FI	1 Never Married XX Merried 3 Widowed 4 Divorced	FORCES? 1 [YES 2	0	If yes, s	pecify Cuban, Mexica S X NO Specif	n, Puerto Rican, etc.)		77.7500	hite
115 e as	8	15. DECEDENT'S EDU	CATION	16a. OE	CEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/IN	DUSTRY	
212-	ш	(Specify only highest gradi	College (1-4 or 5+)			vork done during m e retired.)	ost of working		_		
D spita	릴	12		ho	busew	rife		own	home		
YLAND 21 by the hospital or be detached for u at once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maid	en Surname)		
# 8 5 K	1 1	Charles M. Vana	tor				Mabel	C. Lake			
MARYLAND e retained by the hospit s should be detached notified at once.	2	190. INFORMANT'S NAME (Type/Print) Mr. Claude W. Be	earinger					Route Number, City or I			
m, y g w		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ber 4 Donation 5 Other (Section)	Different State			of disposition			LOCATION -		
Mire direc	1 1	21. SIGNATURE OF FUNERAL SERVICE LI						3 23		,	
SALTIMOR I death. Page 6 ma e funeral director, page.		· Janes 7	Mcan	oe l	L		pelli fu erland, l	neral Hom MD 21502	е		
4 7 =		23. PART I. Enter the diseases, or	complications that	used the de	ath. Do r	ot anter the m	ode of dylng, aud	h ss cerdiec or re	piratory s	rest,	Approximate
24 hou gine i filled i filled i filled i filled i filled i filled i filled i filled ii		shock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause	on each line.	7	0					Interval Between Onset and De
cecuted within and completely o burial, cremati		resulting in death)	DUE TO (OF	AS A CONSEC	UENCE O	ት):					0
or to	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEC	UENCE O	F):					
P.O. B. th certificate anding physical Hygiene pri or other to	FIC	CAUSE (Diseese or Injury that initiated events	cOUE TO (OF	AS A CONSEC	DUENCE OF	F):					
60 72 50 **	E E	resulting in death) LAST	d								
A the sea of the sea o	EDICAL	PART II. Other algnificant condition	ns contributing to da	ath but not n	eaulting	in the underlyle	ng cause given in	Part I. 24s. WAS PERI	AN AUTOPSY ORMEO?	241	. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
RECOF requires that een signed I of Health a shows any	ĕ							1 YES	2 106		OF DEATH?
REC require seen sign	Σ										1 YES 2 NO
L law	z										
N: The N: The State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL:			OTHER:	PLACE OF DEATH (CI	neck only one)			
F VIT, SICIAN: The Certificate the State	ΥSI	1 YES 7 NO	Inpatient 2 E			4 - Nursing Ho		8 Other (Specify)			
ON OF VITAL RE NG PHYSICIAN: The law requirant this certificate has been s eath with the State Dept. of H marked, or Item 23 show	ву Рн	97. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		28b. TIM	URY W	JURY AT ORK? YES 2 NO	26d, DESCRIBE HO	W INJURY O	CCURED	
TTENDI TTENDI TTOR: A after of		3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc	IJURY — At he . (Specify)	me, farm,	atreet, fectory, offi	ce	26f. LOCATION (Stre City or Town, St		or or Rural	Route Number,
SHOUND THE	ш	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, de	ath occurr	ed at the time, dat	te and place, and due	to the causele) and	menner as st	nted.	
HE HOSPITAL HE FUNERAL od within 72 OBTANT: II		10110011	ER; On the beele of exam								a) and manner as stated
HE HE HE FU HE FU ORTA	JE C	296. SIGNATURE AND TITLE OF CERTIFIE	ER 7		5	No	29c. LICENSE NU		29d. DA	TE SIGNE) (Month, Day, Year)

Dr. Fiscus Memorial Hospital Medical Building Cumberland, MD.

21502



3. TIME OF DEATH

16:00 P 8. BIRTHPLACE (State or Foreign

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

2. DATE OF DEATH MONTH 03 28

28

1991

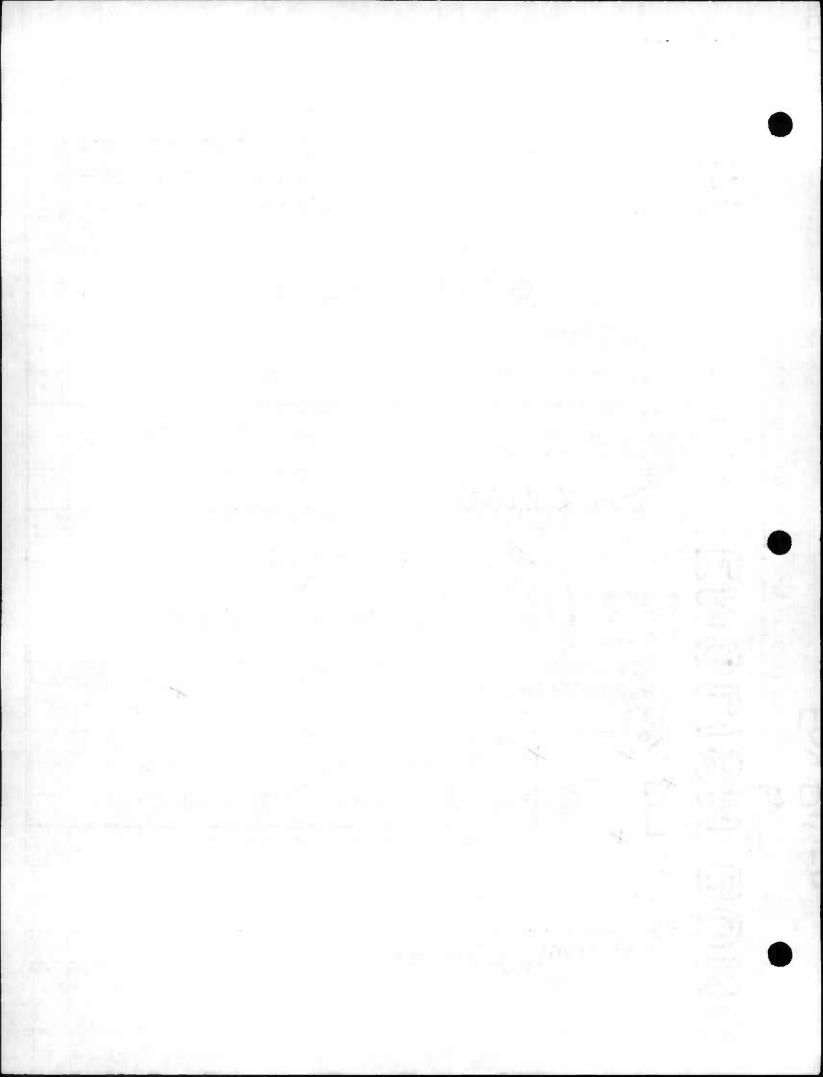
1. DECEDENT'S NAME (First, Middle, Last)

NINA CATHERINE BOBO

SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY 106. COUNTY OF DEATH ALLEGANY 107. PRODUCE OF DECEDENT 108. STREET 109. COUNTY OF DEATH ALLEGANY 104. REGISTER AND RUMBER 105. MARKET STREET 106. STREET 107. PRODUCE 109. CITLEN OF WHAT COUNTRY IL, MARTILA STUTUS 1 WAS DECEDENT OF HOSPING OF DECEDENT WHAT COUNTRY IL, MARTILA STUTUS 1 Never Married 1		213-22-40	_	1 🗆 M 2💢 F	85	YRS. MOR	THS DAYS	HOURS MIN.	AUG 25 1	905 M	Country) [ARYLAND
The STATE AND NUMBER 15 MARYLAND 100. STREET AND NUMBER 15 MARKET STREET 15 MARKET STREET 16 MARKET STREET 16 MARKET STREET 17 MARKET STREET 18 MARKET STREET 18 MARKET STREET 19 MARKET STREET 19 MARKET STREET 19 MARKET STREET 10 MARKET STREET 10 MARKET STREET 10 MARKET STREET 11 MARKET STREET 12 MAS DECEMBENT OR HISPANIC ORIGINT (Specify Yes or No- If yes, specify Cuber, Masteron, Puerfor Ricen, etc.) 10 Nove Market Street Market Street Street Street Market Street Street Market Street Street Market Street Street Market Street Street Market Street Street Market Street Street Market Street Street Market Stree	TOR	SACRED	HEART 1								
Specify Colored Divorced Specify Speci	DIREC	10a. STATE	10b. COUNTY					ATION			LIMITS?
Specify can be considered Specify Control	ERAL			ET			1			111001	
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. MALING ADDRESS (Street and Number or Rural Route Number, City or Rura, State, Zip Code) 10. Surfal 2 Cremation 3 Removal from State 20e, METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Removal from State 4 Donalion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SILCOX—MERRITT FUNERAL HOME 23. PART I. Enter the diseases, or complice/Jons that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwee Onset and Dei Teory, leading to Immediate cause. Enter UNDERLYING CAUSE (Pleases or Injury that initiated evertia resulting in deeth) LAST 4. DOLE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)	BY	1 Naver Married 2		FORCES? 1	YES 2 TA		If yes, s	pecify Cuban, Maxico	n, Puerto Ricen, etc.		Black, White, etc.
188, INFORMANT'S NAME (Type-Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1015 KENT AVENUE CUMBERLAND, MARYLAND 21502 200. METHOD OF DISPOSITION 1		(Specify or Elementary/Secondary or 12	nly highest grade (0-12)	College (1-4 or 5+)	(Gi	ive kind of work Do NOT use rel	done during n ired.)	TION nost of working	357		
PART I. Enter the diseases, or complice on that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST 198. MAILING ADDRESS (Street and Number or Flural Houte Number, City or Town, State) 206. PLACE AND DATE OF DISPOSITION (Name of complary, complary, complary, complary, complary, complary, complary, complary, complary, complary, complary, complary of other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SILCOX—MERRITT FUNERAL HOME 4.04 DECATUR STREET CIMBERIAND MARYIAND 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Deity of the complex of the com	ш	17. FATHER'S NAME (First, CHARL)	Middle, Last) ES E. N	MOBUS							
1 1 2 Cremellon 3 Removel from Stale Consequence of the place ROSE HILL CEMETERY 3/30/91 CUMBERIAND MARYIAND		FRANK PALUM	(Type/Print) BO		191	015 KE	ORESS (Street	and Number or Rural ENUE CUMB	Route Number, City or ERLAND,	Town, State, Zip Co	21502
23. PART I. Enter the diseases, or complice/ions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.		1 🔼 Burial 2 🗆 Cremal 4 🗆 Donallon 5 🗆 Othe	ion 3 Rem or (Specify)				THET Place) METH 22. NAME SILC	XY 3/30 AND ADDRESS OF FA OX-MERRIT	0/91 CI	IMBERLAN L HOME	D MARYLAND
	CAT	I if any, leading to imm		Seve	rees	resi	200	puln	maky,	Softe 10	
	ICIAN: MEDICAL	cause. Enter UNDERL' CAUSE (Disease or in that initiated events reaulting in deeth) LA	st condition	d.	eeth but not i	resulting in the	26. THER:	ng ceuse given in	PEI 1 TYE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
2 Accident Investigation 2 Accident Suicide Suicide Suicide Suicide Standard Suicide Standa	ED BY PHYSICIAN: MEDICAL	cause. Enter UNDERD CAUSE (Disease or International Intern	st condition con	HOSPITAL: 1 Inpatient 2 Eac. DATE OF IN (Month, Day, 28e. PLACE OF	eeth but not i	DOA 4 29b. TIME OF INJURY	26. FMER: Nursing Ho	PLACE OF DEATH (C/r ome 5 Residence NJURY AT VORK? YES 2 NO	PEI 1 YE 1 ORCH ONLY ONE) 8 Other (Specify, 28d. DESCRIBE H	OW INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2 Accident Investigation 2 NO 1 YES 2 NO 2 Accident 3 Suicide 6 Could not be detarmined 4 Homicide 4 Homicide 1 Homicide	ED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERD CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 2 Accident 3 Suicide 6 4 Homicide 20a. CERTIFIER (Check only)	TO MEDICAL Pending Investigation Could not be detarmined	HOSPITAL: HOSPITAL: I inpatient 2 E 28a. DATE OF IN (Month, Day, 28b. PLACE OF building, et	ER/Outpatient 3 JURY Year) INJURY — At ho	Power farm, atree	26. Interpretation of the lime, determined the lime, determined to the lime, determined the l	PLACE OF DEATH (C/c) ome 5 Residence NJURY AT VORK? YES 2 NO	PEI 1 YE 1 TYE TOTAL TO	OW INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
2 Accident 3 Suicide 4 Homicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 27e. CERTIFIER (Check only) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERL' CAUSE (Disease or In that Initiated events resulting in deeth) LA PART II. Other algorithms are authority and the control of the contr	TO MEDICAL Pending investigation Could not be detarmined PRITYING PHYS EDICAL EXAMINITY EDICAL EX	HOSPITAL: I Inpatient 2 E 28a. DATE OF IN (Month, Day, 28a. PLACE OF In building, et	ER/Outpatient 3 JURY — At hoc. (Specify) y knowledge, demination and/or	DOA O 4 (28b. TIME O INJURY)	26. In the lime, do not opinion	PLACE OF DEATH (C) me 5 Residence NJURY AT WORK? YES 2 NO No No No No No No No No No	PEI 1 YE 1 YE 1 TYE Seck only one) 8 Other (Specify, 28d. DESCRIBE H 28f. LOCATION (St. City or Yown, st.) a to the cause(a) and other cause(a	OW INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated SIGNED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

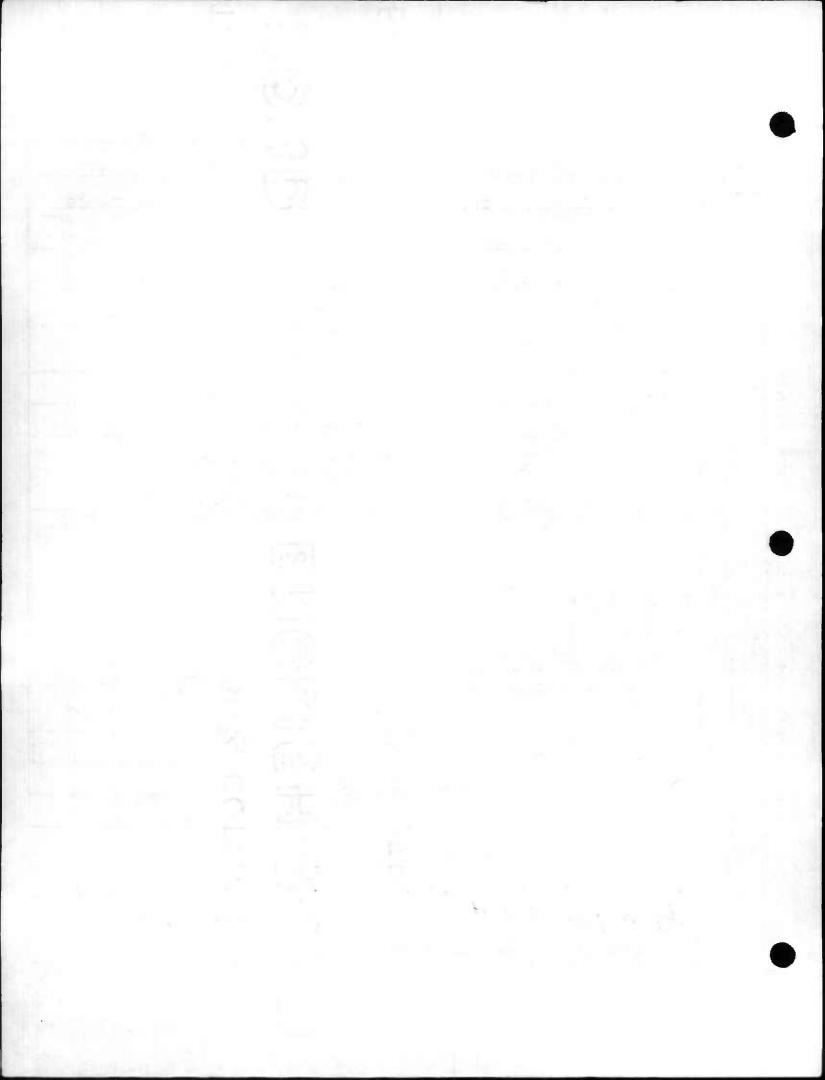
DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but of filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF M	MARYLAND						MENTA	L HYGIEN	E 9		19624
	REGISTRAR		С	ERTIF	ICATE	OF	DEA	ТН	_	REG. NO			
- 1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	WILLIE	OBO						03 25				1125 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is		IF UNDER 1	YEAR DAYS	HOURS	MIN.	(Mont	OF BIRTH th, Day, Year)		Country)	ACE (State or Foreign
	249-58-4784	1 X M 2 G F	56	YRS.					Jan	.7,193	5	So.	Carolina
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT							Y OF DEAT	ТН	
DIRECTOR	PRINCE GEORGE'S H	EBNTER	CHEVERLY							PRINCE GEORGE'S			
Ĕ	10e. STATE 10b. COUNTY		10c. CIT	ITY, TOWN OR LOCATION							10	d. INSIDE CITY	
1	Maryland Pr	rge	To	Landover							1 TYES 2 NO		
7	10e. STREET AND NUMBER		-61	1 112		10f. ZIP CODE 10g. CITIZEN OF							T COUNTRY?
ER/	8425 Hamlin Str	2	20785							5.A.			
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVED IN IT & A	12 MAS DECEMBENT OF HIS				_	NIC ORIGI	N? (Specify Yes		1 - 1	American Indian, fhite, etc.
	1 Never Merried 2 T Married	FORCES? 1	YES TO	NO NO			ecify Cube			Rican, etc.)		Black, W Specify:	filte, etc.
B⊀	3 Widowed 4 Divorced	an on bales				X	Ороси	7.			Black		
E	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCC	UPATIO	ON		161	. KIND OF BU	SINESS/INDU		Lack
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 44	Give kind of e. Do NOT u	work done du se retired.)	ring mo	st of world	ng					
4	8th Grade			onstr	ructio	n V	Vorke	er		None	2		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First,	Middle, Meiden	Surname)		
EC	A.C. Bobo						Ar	nie	Pear	1 Jone	20		
0	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	Street o			_	ber, City or Tow	_	Code)	
2	Mary Louise Bob	0								Lando			20785
	28a, METHOD OF DISPOSITION				E DF DISPO			1	7102	E 20c. LO	CATION C	true a	20703
	1 X Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	of cemetar	y cremator	y or other pla	ce)	no b	7	-	1 o Ga	£ £	G G	0,410
	21. SIGNATINGE OF FUNERAL SERVICE LIC	TENSEE	- 4 NEW	rit. 2			ND ADDRE						
		,								James			
	4804 Georgia Ave., N.W., Washington, D.C.												n. D.C.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Our TO	OR AS A CONSI	EQUENCE C	DF):	V	ac	cie	tlnj				Interval Between Onset and Death
E		d											
_	PART II. Other algnificant condition	na contributing to	death but not	reaulting	In the und	lariyin	g cause	given ir	Part I.	24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Organic &	train	Lynde	me					_	PERFO	- 1	0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				_	LACE OF	DEATH (C	heck only o	orie)			
SI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatiant	3 DOA	OTHER		ns 5 🗆 F	lasidence	6 🗆 Oth	er (Specify)			
Ŧ	27. MANNER OF DEATH	28s. DATE Of (Mgnth, I	F INJURY	28b. TH	ME OF		JURY AT	7 14	28d. DE	SCRIBE HOW	INJURY OCC	URED	
ВУБ	1 Natural 8 Pending	5/2	5/9/N	4. N.	A.M	1 🗌		NO		10	1.A.		
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At I	home, farm,	street, facto	ry, offic	ce		28f. LO	CATION (Street	and Number	or Rural Rou	te Number,
Ī	4 Homicide determined	building	N. A.						City	or Town, State	V. A.		
E	29e. CERTIFIER CERTIFYING PHYS	ICIAN: To the heat o		death accur	and at the time	no det	and also	a and do	a to the o	out of a land			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated.												
BE C	286 SUMMATURE AND TITLE OF CERTIFIE	R .		/	4		29c, LIC	ENSE NU	IMBER (54			fonth, Day, Year)
5	30. White AND ADDRESS OF WEIGHT WE	O COMPLETED CH	TO HE STE	EM 27) (Typ			P	0 1	0	, ,		- 20	0-41
7	CONTRACTOR DESIGNATIONS	El (44 F	AMILY	HEI	ALTH	CE	NTE	R	PG	Hos	PITA	4	
	31. DATE FILED (Month, Day, Year)		Davidon-V	fander	2								



1		FOR STATE REGISTR	Al
Γ.	ı. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

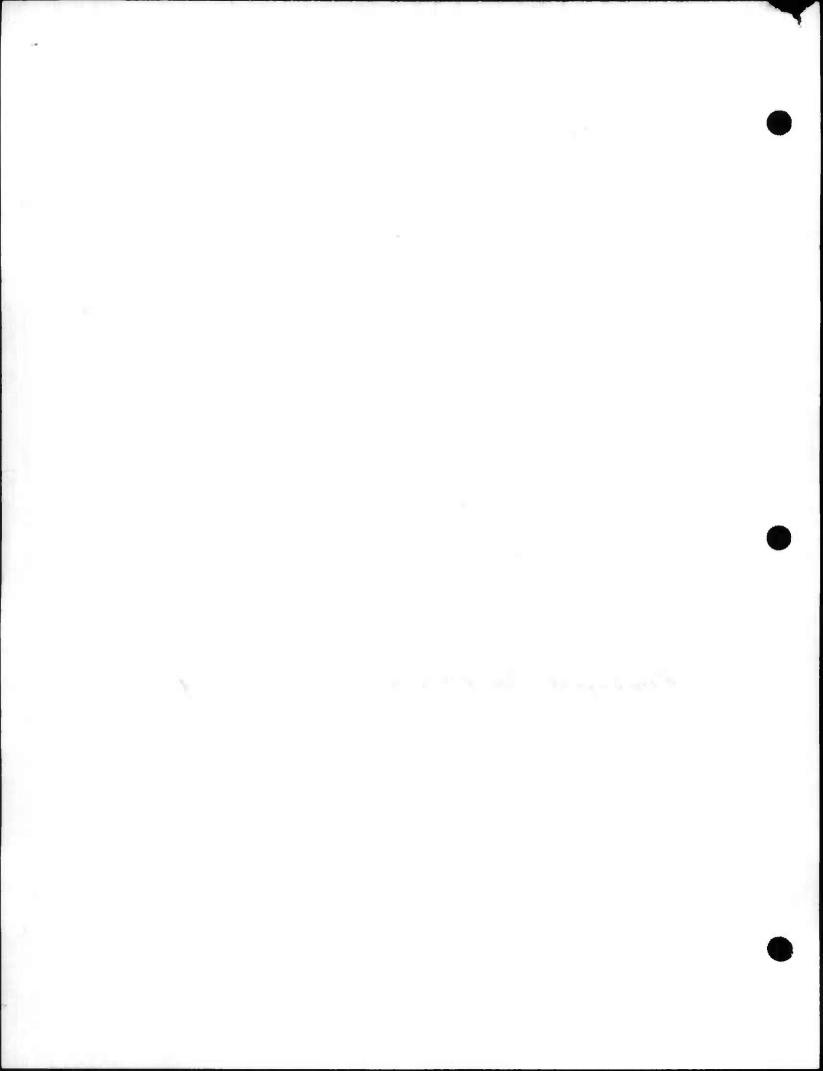
	1 - REGISTRAR CERTIFICATE OF	DEATH	REG. NO									
	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TI										
	WILLIAM BARNES		100-	6 91	1 A m							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR		7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign							
	089-22-5156 112	HOURS MIN.	(Mogth, Day, Year)	29	rry)							
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUNTY OF								
FUNERAL DIRECTOR	9200 Edwards Way apt 1212 Add	elphi		PRINCE	- GERRE							
E I	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCAL				10d. INSIDE CITY LIMITS?							
100	MD PRINCE GEORGE ADELPO	+1			1 YES 2 NO							
A	10e. STREET AND NUMBER	Of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?							
E	9200 Edwards way apt 1212	20783		USA								
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DE		C ORIGIN? (Specify Yes	or No 14 BAC	CE — American Indian, ck, White, etc.							
BY F		pecify Cuban, Maxican S 2 NO Specify:		Spe	Back							
		ION	16b, KIND OF BU	SINESS/INDUSTRY								
	(Specify only highest grade completed) (Give kind of work done during n Elementary/Secondary (0-12) College (1-4 or 5 +)	iost of working										
2	3 Postal Supervi	cor	U.D. 1	Postal S	ervice							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		NE (First, Middle, Maiden	Surnama)								
Ö	Felton Terrell	Tessi	e Harper									
BE		Jessie Harper Ind Number or Rurel Route Number, City or Town, State, Zip Code)										
2	Everine Hogans 222 Bowser St	reet: Roc	khill. S.	C.								
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of a			CATION — City or	Town, Stata							
	1 Duriel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Fort Lincoln Cem	eterv	Br	entwood,	Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME	AND ADDRESS OF FAC	HLITY	,								
			enral Hom W: Washin		0							
	23. PART I/Enter the diseases, or complications that caused the death. Do not enter the m				Approximate							
	shock, or heart fallure. List only one cause on such line.											
	IMMEDIATE CAUSE (Fine) disease or condition	C 10	445		Onset and Death							
	disease or condition a. ACQUIRED IMMUSE SEFICIENCE	SYNDRO	ME		< years							
_					į į							
CERTIFICATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):			,								
CAT	If any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
2	PART II. Other significant conditions contributing to death but not resulting in the underlyi		Part J. 24s. WAS A	ALTTORON A	WERE AUTOROX ENGINOS							
DICAL	Service and the difference of the control of the co	ng cause given in i	PERFO	RMED?	NAME AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE							
ă	Esonhageal Candidiasis		1 TES	2 NO	OF DEATH?							
ME			_		1 TES 2 NO							
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	PLACE OF DEATN (Che										
YS	1 M YES 2 NO 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Hc 27. MANNER OF DEATN 28s. DATE OF INJURY 25b. TIME OF 25c. II	oma 5 Realdence										
표	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURED								
BY	2 Accident investigation	YES 2 NO		141 1 6	10 . 4 .							
G	3 Suicide 5 Could not be determined determined 28e. PLACE OF INJURY — At home, farm, street, factory, of building, etc. (Specify)	ice	251. LOCATION (Street City or Town, State	and Number or Hurs)	I Houte Number,							
E												
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
O	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion	, death occured at the	time, deta and place, a	nd due to the cause	e(a) and manner as stated.							
ш	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM			ED (Month, Day, Year)							
8	Paulanewre LW EXAMINER	1018	12	13-26	-91							
5	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- 11	12 MA 2									
	PAUL A- DEVOCE MD Troschreinburg Rd H	44 17 Soill	- MA 2	781								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
	MAR 28 °91 Frehe Davidson Randose											

BALTIMORE, MARYLAND 21203-3146

TO THE ROSH M. OR UTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mount be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

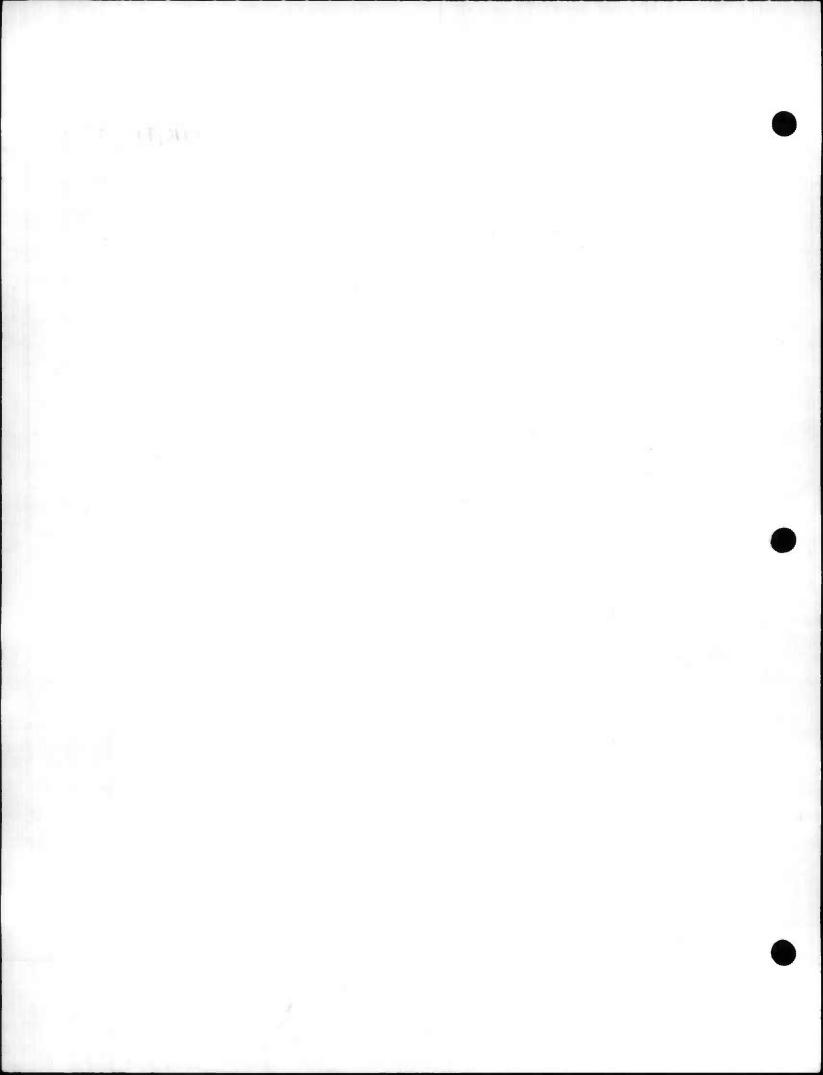
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DNMH-15 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. B	ME POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifica	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending phase fleet within 72 hours after death with the State Dept. of Health and Mental Hygiene
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11	REGISTRAR 1. DECEDENT'S NAME (First, A	Middle, Last)			entir	ICATE	. UF	DEAL	-	2. DATE O	REG. NO.			3. TIME OF DEATI
			Flo	rence B	. Bal	lant	yne		}	MONTH	3	116	9 J	4250
	4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yrs. la	st birthday)	7000	_	IF UNDER	MANA	7. DATE OF (Month I	Day, Year)	1	8. BIRT Coun	HPLACE (State or For
	578 58 4698		1 🗆 M 2 💢 F	84	YRS.						12 1	-	1	th Dakot
E. /	9a. FACILITY NAME (If not inst 12303 Chalfo		The state of the state of				Bow:	R LOCATIO	ON OF DEA	ATH			UNTY OF	George's
	RESIDENCE OF DECE	EDENT										ITTI	nce	
H	Maryland Prince George's					Bowi		TION						10d. INSIDE CITY LIMITS? 1 X YES 2
	10s. STREET AND NUMBER				101. ZIP CODE							10g. Cl	TIZEN OF	WHAT COUNTRY?
	12303 Chalfo										d States			
BT FUNEHAL	1 Never Married 2 N 3 Widowed 4 Otvoro	IT EVER IN U.S. A YES 2/17 WAR OR DATES	RMED 13. WAS DECENDENT OF HISPANIC ORIGII If yea, specify Cuben, Mexican, Puerto 1 YES XXNO Specify:					, Puarto Ric						
		DENT'S EOU				USUAL O				16b. K	IND OF BU	SINESS/IN		.100
	(Specify only i		College (1-4 or 5	- 49	b. Do NOT L	work done (ise retired.)	auring mo	IST OF WORKE	rg					
COMPLET	12	tal to a	3	Re	gist	ered	Nurs	100				-		overnmen
S	17. FATHER'S NAME (First, Mid		Lloyd H.	Bowers							ddle, Meiden			Amaline
0	19a. INFORMANT'S NAME (7)/							and Number	or Rural A	oute Number	, City or Tow	m, Stete, 2	(ip Code)	Brandt
2	Carol Lee Ba				1102	Park	ing	ton I	ane	Bowie	e,Md.	207	16	2141146
	255 METHOD OF DISPOSITION 1 Durlei 2 Cremation		noval from State	20b. PLACI	of DISPO	dar H	me of cer	Ceme	natory or					Town, State aryland
	4 ☐ Donation 5 ☐ Other (: 21. SIGNATURE OF FUNERAL.		CENSEE		361	-		ND ADDRE			Jour	- ran	u, 11	ar y rand
	21-	+5		44.0	•						al Ho	me,	P.A.	
	23. PART I/Enter tha dis	1 6	Eva		Pr	U 1	6000) Anr	apol	is Ro	i. bo	wie.	Mar	yland 20
CERTIFICATION	disease or condition resulting in desth) a. Cu (Jun - DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
ERT	resulting in death) LAST		d											
MEDICAL	PART II. Other algnifican	resulting in the underlying cause given in Part i.						24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			Ab. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					20.00	1 405 05 5	EATH CA	ck only one				
Sici	EXAMINER?	MEDIONE	HerSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE!	R:	IV	1					
¥	27. MANNER OF DEATH		28a. DATE O		28b. TIME OF 28c. INJURY AT 28d					Red. DESCRIBE HOW INJURY OCCURED				
BY		Pending nvestigation		The late		M 1 YES 2 NO								
9		Could not be setermined	28e. PLACE (OF INJURY — AI I I, etc. (Specify)	home, farm	, street, fac	tory, offic	ce .			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
100	no certicies of		MOIAN, To the burn	4 1 1	445						4-1			
	(Check only		ER: On the basis of											e(a) and menner as a
MPLETE	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as a													
COMPLE														1101
DE COMPLE		OF CERTIFIE	UATKI	NSV	16 AL	4 -) /	16/71
BE COMPLET	296. SIGNATURE AND TITLE STANLEY	Pel	UATKII HO COMPLETEO CAL	USE OF DEATH (IT	EM 27) (7/1	oe, Print)	-/	1/			1 -)/	16171
BE COMPLET	29b. SIGNATURE AND TITLE STANUEY 30. NAME AND ADDRESS OF	PERSON W	m 5	1 Fra	EM 27) (7)1	se, Print)	+	n	m	gru	lis	m	J -	21401
TO BE COMPLETE	296. SIGNATURE AND TITLE STANLEY	PERSON W	m 5	Fra SIGNATURE	EM 27) (7)	oe, Print)	+	n	m	gru	lis	m	J -	21401



30. NAME AND ADDRESS OF PER 7525 CVC 31. DATE FILED (Morith, Day, Year) MAR 27 91

	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO		
1.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	GEORGE THE	omas BURNS	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	03/22/C		BIRTHPLACE (State or Foreign
	194-26-7137	1 √ M 2 □ F 58	3 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-26-19:	32	West Virginia
e ;	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DI		9c. COUNTY	
ō.	PRINCE GEORGES H	OSP CENTR (EM	ERGENCY	ROOM)	CHEVERL	<u>Y</u>	<u> PRINC</u>	CE GEORGES
DIRECTOR	10a. STATE 10b. COUNT	ce George's		town or Loca lover	TION			10d. INSIDE CITY LIMITS? 1 X X ES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	H. ZIP COOE		10g. CITIZEI	N OF WHAT COUNTRY?
<u> </u>	6600 W. Forrest I			-	20785		U.S.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 VEYES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	If yes, s		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	3 or No— 14	I. RACE — American Indian, Black, White, etc. Specify: White
	15, OECEDENT'S EDU	ICATION	184. DECEDENT'S U	SUAL OCCUPATI	ION	16b. KINO OF BU	SINESS/INOUS	STRY
<u>. </u>	(Specify only highest grad Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during m retired.)	iost of working			
O BE COM	unavailable	unavailable	Master	mecha	nic	Avis T	ruck R	ental
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meiden	Surname)	
	Otis Burns					ilable		
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or You		
	George E. Burns	T	_			hurchton,		ry or Town, State
	200 METHOD OF DEPOSITION Y Burlel 2 Cremation 3 Rec 4 Donation Clear (Specify)	noyal from Progs 2007	of Disposit					
	The Bonature of Fundam. Annyice L	Ender /	/Ft. Linc	OO NAME	ND ADDRESS OF E	CHITY		d, Maryland
	" West	9/3wh	حسا	FRANC	IS GASCH	'S SONS FU		HOME, P.A. E, MD. 20781
	23. PART i. Linier the diseases, or	complications that caused List only one cause on ea		ot enter the m	ode of dying, suc	ch as cardiac or resp	Iratory erres	Approximete
	IMMEDIATE CAUSE (Final				0	1 -		0 - 1 - 1 0 - 1
	disease or condition resulting in death)	. Acute V	nyocano	(INC	IN tare	tun)		~ I hour
	A CONTRACTOR OF THE CONTRACTOR	e. Acute V DUE TO (OR AS A A offices S C	CONSEQUENCE OF	:	, de A	560	1)16	2 10 10 mg
:	Sequentially list conditions,	. Hothews	CONSEQUENCE OF	. (00	(alov 19	scoon	DAR	The Troyrs
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF)	:				
3	CAUSE (Disease or injury that initiated events	cOUE TO (OR AS A	CONSEQUENCE OF)	i di				
CERTIFICATION	resulting in death) LAST	and the same of th						
<u> </u>		d						1
¥	PART II. Other aignificent condition	Then I fa		the underlyi	ng cause given in		N AUTOPSY PRMEO?	24b. WERE AUTOPSY FINORIGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Chrinic	Correse ja	11/00			1 D YES	2 (1) 100	OF DEATH?
				····		—		1 NES 2 NO
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL	1			PLACE OF OEATH (C			1
	EXAMINER?	HOSPITAL:		OTHER:				
2	1 YES 2 NO	1 Inpetient 2 PER/Outp	etient 3 🗆 DOA		me 5 ∐ Residence	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCU	JRED
PHY	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY V	YORK?			
	2 Accident Investigation 3 Suicide 4 Could not be	28a, PLACE OF INJURY	— Al home, farm, st			28f. LOCATION (Street		r Rural Route Number,
	4 Homicide detarmined	building, etc. (Spec	elfy)			City or Town, State	<i>b</i>)	
	298. CERTIFIER , CERTIFYING PHY	SICIAN: To the best of my know	ladge death commi	d at the time d	te and plane and 4	in to the caucada and -	enner se sirês	4
COMPL	One)							cause(s) and manner as stated.
_	200 CIGNATURE AND TITLE OF CONTIN	EB -			200 INCENEE AN	MRED	204 DATE	SIGNED (Month - One Mark
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFI		K MD		D-18		29d, DATE	SIBNEO (Monthy Day, Year)

Lulia Davidson-Randall

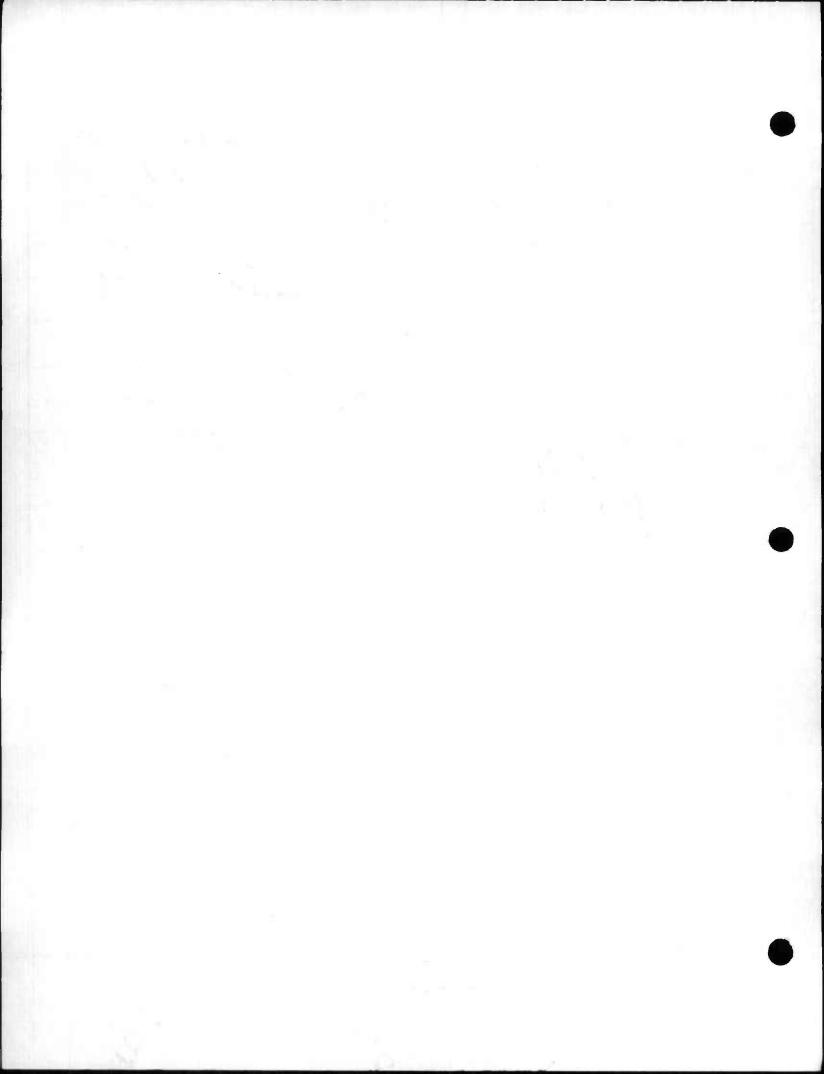
32. REGISTRAR'S SIGNATURE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Md

Greenhelt

20770



			FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND F DEATH		IYGIENE EG. NO.		
	0		1. DECEDENT'S NAME (First, Middle, Last) ADRIAN WILLIA	M BOURGONDIE	N			2. DATE OF MONTH	DEATH DAY - 19	YEAR 3.	S: 40 AM
١	Ľ	/	4. SOCIAL SECURITY NUMBER 578-05-5319	5. SEX 6. AGE (I	In yrs. last birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF E (Month, De	SIRTH (y. Year) O_ 08	8. BIRTHPL/ Country)	ACE (State or Foreign
Transie	2, 8 shou	стоя 😤	9a. FACILITY NAME (If not institution, give st GREENBELT NO		UTER		OR LOCATION OF D		9c. COUN	NCE	
	permit. Pages 1,	DIRECT	10a. STATE 10b. COUNTY	7. G ¹ .		Y, TOWN OR LOC	EATION WOOD			10	d. INSIDE CITY LIMITS? YES 2 NO
	.ser	FUNERAL	100. STREET AND NUMBER 4415 3	5th Stree	et		101. ZIP CODE 20	72%	10g. CITIZ	EN OF WHA	T COUNTRY?
3146	attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAW WW - 2	N U.S. ARMEO 2 NO ATES	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specific	en, Puerto Rica	American Indian, vhita, atc. LAUC,		
12	2 2	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th		16a. DECEDENT'S (Give kind of Me. Do NOT u	work done during se retired.)	-2.5.5	G. County		ol Board	
LAND	be detached for at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Lest) Adrianus Corneli:	s Andreas va	n Bourgo	ndien		ME (First, Midd	le, Maiden Surname) .e Johanna		
MARY	ge 5 should e notified	то в	19a. INFORMANT'S NAME (Type/Print) Lois Bourgondien						City or Yown, State, Zip		0722
	e b may be ector, page must be		284 METHOD OF DISPOSITION 112 Burlel 2 Committee 3 Female 4 Densition 5 Density	real from State		SITION (Name of	cemetery, cremetory or		20c. LOCATION — C	City or Town,	, State
ALT	huneral dir xaminer	,	IN SECUNDATURE OF TUNERAL SERVICE OF		ha -	FRAN	AND ADDRESS OF FA	VGLTY I S SON			
9	ed writin zerrours after ompletely filled in by the li, cremation, or removal, event, the medical of			List only one cause on each of the CARDIN	ech line.	not anter the	node of dylng, suc	ch ae cerdiec			Approximate Interval Between Onset and Death
ВОХ	ncate be execute physician and cone prior to buristies the prior to buristies the traumatic	CERTIFICATION	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE O						
. P.O.	death c attendi ental Hy iry, or		resulting in deeth) LAST	f		1		5 I .			
RECORDS	requires that it is sen signed by of Health and shows any it	MEDICAL	CANCER PROJ CARDIAC ARRY	V67 1787E	out not resulting	in the underly	ing cause given in		e. WAS AN AUTOPSY PERFORMED? YES 2 NO	AA CH	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AL F	icate has be State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (C	heck only one)			
OF VITAL	PHYSICIAN: The this certificate he with the State he ted, or Item	PHYSICIAN:	1 Tes 2 TAO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. Tif	4 D Nursing I	ome 5 Residence	T	pecify) IBE HOW INJURY OCC	UREO	
DIVISION	OR ATTENDING PHYS DIRECTOR; After this of hours after death with Item 28 is marked	ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm,	M 1[YES 2 NO		ON (Street and Number own, State)	or Rural Rou	rte Number,
DIVI	AL DIRI 72 hour 11 item	COMPLET	one)	CIAN: To the best of my know							and manner on stated
	TO THE HOSPITAL OR TO THE FUNERAL DIRI DE filed within 72 hour IMPORTANT: If Item	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	10.00 to 2010 to 2010 to 2010	arran or mirrorrigati	and the man operation	29c. LICENSE NO		29d. DATI		fonth, Day, Year)
	5 5 % X	10	30. NAME AND ADDRESS OF PERSON WH 7207 HANDVER PE			e, Print) ENBEL	T MI	- 207		, 23/	71
					7		7				

OHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mours after death. Page 6 may be retained by the hospital or attending physician.

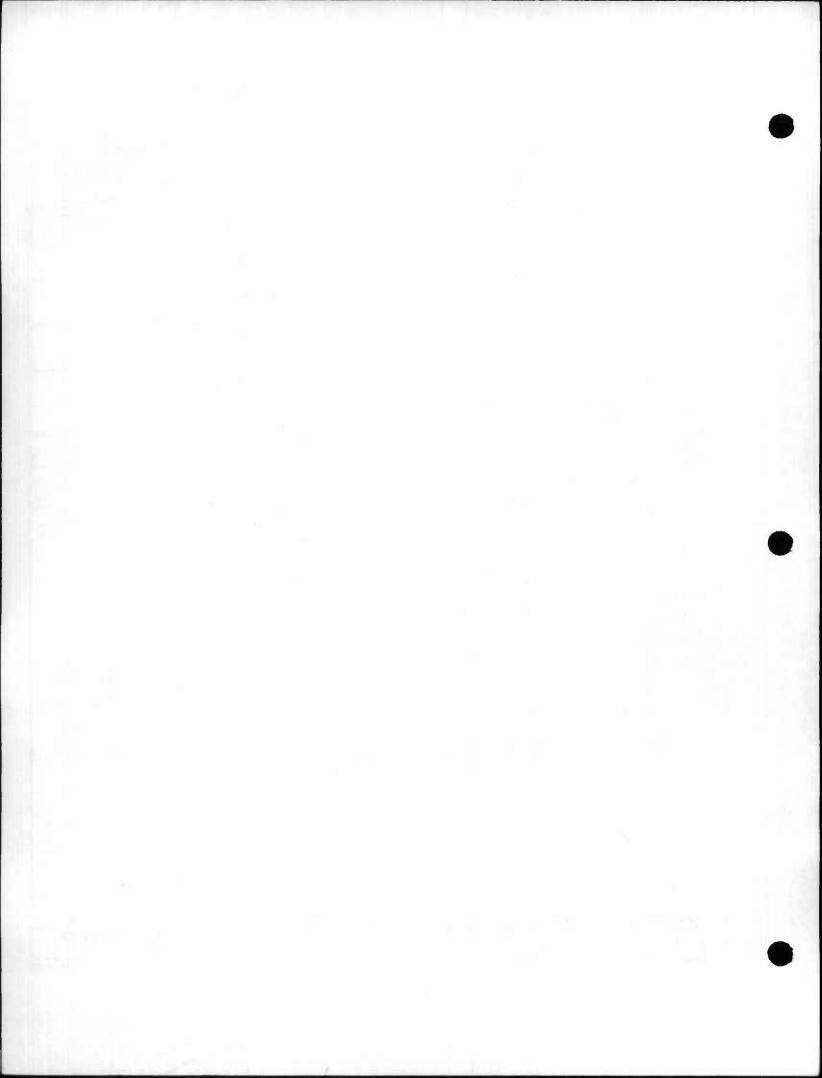
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3s be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, M	Dirk Allan			2, DATE OF DEATH	AV VEA	3. TIME OF DEATH 4:25 a M
4. SOCIAL SECURITY NUMBER 573-54-5280 9a. FACILITY NAME (If not institute)	X⊠ M 2 □ F 2	25 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-7-66	Co	entington, DC
	venue Apt. #1		Riverdale	EAIN		George
10a. STATE 1	Prince George	10c. CITY, TOW River	n on Location			10d. INSIDE CITY LIMITS? 1, XYES 2 NO
Too. STREET AND NUMBER 5163 64th Av	venue Apt. #1		101. ZIP CODE 20737		USA	OF WHAT COUNTRY?
11_MARITAL STATUS 1 MARITAL STATUS 1 MARITAL STATUS 2 MARITAL STATUS 3 Widowed 4 Divorce	12. WAS DECEDENT EVER FORCES? 1 YES	2 (NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 TYES 2 NO Specify	en, Puerto Rican, etc.)	or No- 14. F	ACE — American Indian, Black, White, etc.
15. DECED (Specify only h) Specify only h 15 15 15 15 15 15 15	ENT'S EDUCATION ighest grade completed) College (1-4 or 8 +)	16a. DECEDENT'S USUA. (Give kind of work do life. Do NOT use retire	one during most of working	16b. KIND OF BU	SINESS/INDUSTR	
				AME (First, Middle, Melden 11 Cooper	Sumame)	
196. INFORMANT'S NAME (Type Handa Spielin	vPrint) 1a n	19b. MAILING ADDR 6153 64	th Ave. Apt.	#1 Riverda	m, State, Zip Code	20737
20M METHOD OF DISPOSITION 1 Devial 2 Cremation 4 Donation 8 Other (S)	3 Removal from State	other place)	(Name of cometery, cremetory or ational Cemei		cation – city of	laryland
21. SIGNATURE OF FUNERAL			22. NAME AND ADDRESS OF F	Fleck F	uneral	HOme, Inc.
Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS C. C. C. C. C. C. C. C. C. C. C. C. C.	POID C A A CONSEQUENCE OF): A CONSEQUENCE OF):	PALSY		matory arreat,	Approximate Interval Between Onset and Death
	conditione contributing to death	but not resulting in the	underlying cause given in	Pert I. 24s. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL:	ОТ	25. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe		28b. TIME OF	Nursing Home 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
2 Suitable	28e. PLACE OF INJUR building, etc. (Spi	RY — At home, ferm, street, sectly)		281. LOCATION (Street City or Town, State	and Number or Ru)	ural Route Number,
	YING PHYSICIAN: To the best of my kno					use(e) and manner as stated.
m Sal sidestifice and time of	1	to	29c. LICENSE NO.			NED (Month, Day, Year)
	PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print)	ROLT AVE	#107 (0		PARIC
31. DATE FILED (MOVIET), Day, You MAR 28 91		INATURE ando PO	BAUT-AVE		MD	. 20740



Pages

permit

burial-transit

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DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within iours after death. Page 6 may be retained by the hospital or attending in	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	warms after death with the State Dect. of Health and Merital Hydiene prior to burial, cremation, or
LENC	OR.	Par /
A	ECIL	20
B	Se	ŝ

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KORDON

31. DATE FILED (Month, Day, Year)

'91

2000 CENTURI

32. REGISTRAR'S SIGNATURE

09630 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF GEATN 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN HATTIE 630 AM EVERLY B. BIRTNPLACE (State Country) 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MD 2 -12-9 306 1 M 2 F 08 Pleasant 9c. COUNTY OF GEATN 9b. CITY. TOWN OR LOCATION OF DEATH ARROL DIRECTOR IEW HOME RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md 1 YES 2 NO Carroll Mt. Airy 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 21771 4101 Baltimore National Pike U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 2 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marr 3 Widowed 4 Divorced 2 Married Specify: BY Black COMPLETED 16a, OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) cook 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Ann Wiggins William Henry Beverly Lottie BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Idvlwood Rd. Pikesville. Martenia Rawley Md. 21208 pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20s METHOD OF DISPOSITION

1 N Burlat 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) . John Cemetery on 4/4/91 Westminster. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts. Sr. 412 Washington Rd. Wes

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Westminster MD medical Approximate ahock, or heart fallure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition the 料 Cardiac arry THM O MIN resulting in death) event DUE TO (OR AS A CONSEQUENCE OF) atherosclerotro traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): General atheroscierosus cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 23 shows any injury, PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Diabetu mellitus. chome lung 1 YES 2 THO OF DEATH? POST CUA 1 YES 2 H-NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) marked, or Item HOSPITAL OTHER: 1 YES 2 A itlent 2 - ER/Outpetient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 28d DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 8 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is COMPLETED 8 Could not be 4 Homicide Item 2 29s. CERTIFIER

(Charle and)

CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE FUNERAL (De filed within 72 h 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and m 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Dm. BE Whee 9 I D0658 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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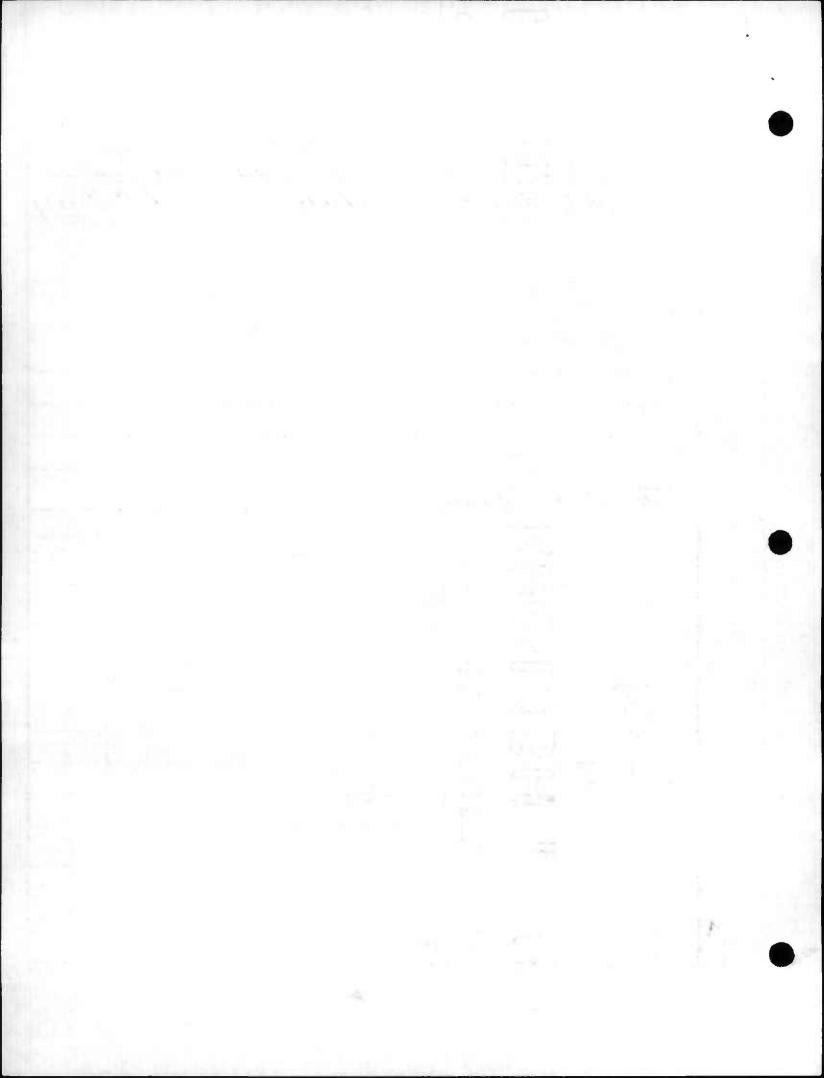
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1 - STATE REGISTRAR	STATE UF MA			MENT UF			NIAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last							DATE OF OEATH	AY	YEAR	3. TIME OF DEATH
ESPENEDIA	V.	BOWE	25				3 27		91	1923 "
4. SOCIAL SECURITY NUMBER	/	8. AGE (in yrs. lest		F UNDER 1 YEAR			OATE OF BIRT()		8. BIRTH	PLACE (State or Foreign
213-05-1260	1 🗆 M 2 🕠 🗗	86	YRS.	ONTHS DAYS	HOURS	MIN.	11/21/04	1	PA	,
9a. FACILITY NAME (If not institution, give	street and number)			b. CITY, TOWN				9c. COI	JNTY OF DI	EATH
CARROLL COUNTY	HOSPITA	16	10	WESTN	1/NSTZ	R, 1	nd.	C	ARRO	CL
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN			40 0100	TOWN OR LOC						
	CARROLL		77							10d. INSIDE CITY LIMITS?
M Do (-4RRULL		wes	tmins	or sib cop	-		T 40 - 00	1	1 YES 2 NO
					211			1100	J. S.	HAI COUNTRY?
27 Webster St	12. WAS DECEDENT	EVED IN II C. ADA	4ED	I 42 WH 0 D			OBIGINA Marrier V			American Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 N	0	If yes,	specify Cubs	n, Mexican,	ORIGIN? (Specify Ye Puerto Rican, atc.)	or No-	Speck	- American Indian, White, etc. fy: 1ite
15. DECEDENT'S ED (Specify only highest grad		18e, DEC	EOENT'S US	SUAL OCCUPA k done during	TION		16b. KIND OF BU	SINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use r	retired.)	most or worki	ng				
		LF	N				Nursi	ng		
17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Maiden	Sumame)		
Joshua Schue	b				El	len	Null			
19a. INFORMANT'S NAME (Type/Print)							ite Number, City or Tox			
Dorothy S. Sw	artz	1	005	Shafe	er Dr	ive,	Hanove	r, I	a.	17331
20e METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Re	moval from State	20b. PLACE	AND DATE O	F DISPOSITIO	N (Name	-	DATE 20c. LO	CATION -	- City or To	wn, State
4 Donation 5 Other (Specify)	movar nom state	Everg	reen							nster, MD
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE			22. NAME	AND ADDRE	SS OF FACIL	al Home	2, (hane	٦ .
Pohont I	. Pritts	. Cn								nster. Md.
23. PART I. Enter the diseases, or			ath. Do not							Approximate
ahock, or haart fallure										Interval Between Onset and Dasth
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resulting in deeth)	OUE TO (OR AS A CONSEC	UENCE OF):	P	(-01 (901	ann	31		moun
	-	Post	1100	~- 000	A . A.	9				1don-
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cause. Enter UNDERLYING										
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQ	UENCE OF):							
resulting in deeth) LAST	d									
PART II. Other significent conditi	one contribution to	feeth but not a	saultine in	Also sandods	dan anuan	aluna la B	art I. 24e, WAS AI	LAIPPOR	, Tau	WERE AUTOPSY FINDINGS
Post 1	I I I		_	Tw	_	_	00000	AMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Date 1	000	7.7	1	. / .	11	7	1 TYES	2 7 NO		OF DEATH?
H3CV	1 171	real	7.1	- an	lla	bus	\triangle			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF I	DEATH (Chec	k only one)			
1 TES 2 110	1 Dispatient 2 -	ER/Outpetlant 3			ome 5 🗆 R	lesidence 8	Other (Specify)			
27, MANNER OF DEATH	28a. DATE OF I (Month, Day		28b. TIME (OF 28c.	INJURY AT WORK?	1	88d. DESCRIBE HOW	INJURY O	CCURED	
1 Nstural 8 Pending 2 Accident Investigation	,			M 1	YES 2	□ NO			100	
3 Suicide 8 Could not b	28e. PLACE OF building, c	INJURY - At hor	me, farm, str	eet, factory, o	ffice	1	est. LOCATION (Street City or Town, State		er or Rural I	Route Number,
4 Homicide determined										
29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of r	my knowledge, de	ath occurred	at the time, d	ate and plac	e, and due to	the cause(s) and mo	enner es s	tated.	
anal and										a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER				29c. L10	ENSE NUMB	ER	29d, D/	ATE SIGNED	(Month, Day, Year)
Lohnam.	V13 00				D	1 2 6	92	•	3-	20109/
30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUS	E OF DEATH OF	W 27) (Type, P	Print)	7		-		J	
FOHDAIM	2000	AC	0	NIE	-111-	- 1/	riNd.	SAL	> Y	nd-217
31. Date FileD (Month, Day, Year)	32, REGISTRAF	R'S SIGNATURE	7	776	VV	V	1160	VE	7	1,0 -61,1
APR 1 '01		A'S SIGNATURE	-1.00							

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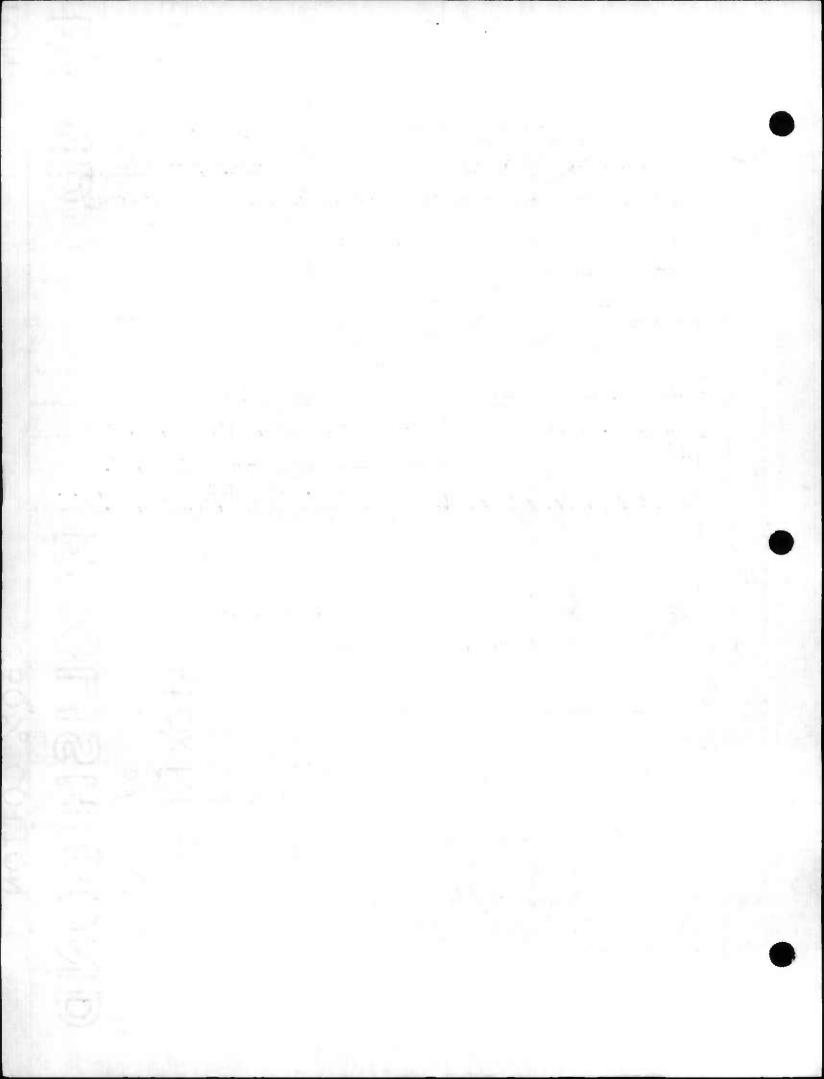
	REGISTRAR 1. OECEOENT'S NAME (First, Mick	dle, Lasi)	JOSEPH	HENE	RY_BUT	LER				2. DATE OF DE	ATH DAY	YEAR	3. TIME OF OEATH	
	JOSEPH 4. SOCIAL SECURITY NUMBER		5. SEX	100	rs. last birthday)	IF UNDER 1	YEAR	IF UNDER 2	A HRS	7. DATE OF BIF	28	91	THPLACE (State or Foreign	
1 :	577-09-50	89	1 X □XM 2 □ F	84				OURS	MIN.	MAY 2	Year)	Cou	shington,	
.54	9a. FACILITY NAME (If not instituti	ion, give s					TOWN OR					OUNTY OF	DEATH	
DIRECTOR	RESIDENCE OF DECED	ENT	11031	PITAL		(Kin	210	N			P. G. COUNT		
REC	10e. STATE 10b	COUNT	Υ		10c, CF1	Y, TOWN OF	LOCATIO	N					10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Cha	rles		Wa	ldor		IP CODE			100	CITIZEN OF	YES 2 NO	
FUNERAL		ох	261				101. 2.		613		log.	USA	WILL COOKINI	
E S	11. MARITAL STATUS 1 Never Merried 2 Merr		12. WAS DECEDE	NT EVER IN U.	S. ARMED			DENT OF	HISPAN	C ORIGIN? (Spe , Puerto Rican,	N? (Specify Yee or No- 14, RACE - Americ			
ВУ	3 Widowed 4 Divorced	ied	IF YES, GIVE	1 YES WAR OR DATE	X		YES 27				Specify: Black			
ב	15. OECEOER (Specify only high	NT'S EOU		16	8a. DECEDENT'S	work done du	CUPATION uring most of	of working	7	16b. KIND	OF BUSINESS		COR	
MPLET	Elementary/Secondary (0-12)		College (1-4 or 5	5+)	life. Do NOT u	se retired.)				0.6		, ,	0	
TO BE CO	12th 17. FATHER'S NAME (First, Middle,	Last)			Driv	er	1	18. MOTH	ER'S NAM	ISATE (First, Middle,			Corporat	
	William H		v Butle	er				Maj	r.v.]	Edelin				
	19a. INFORMANT'S NAME (Type/F									oute Number, Cit				
	Henry J. B			20b. P	Rte.		Box SITION (N			Brandy	Wine.		20613 Town, State	
	Name	3 Rem	noval from State	of cerr	metary, cremator	v or other pla	ace)		4/	21/191	Waldo	rf.	Maryland	
	21. SIGNATURE OF FUNERAL SE	RVICE LI	CENSEE		1		IAME AND						,	
		1	1 1		/	Δ	dame	c F	11 12 0 1	col Ho	mo D	Λ.		
2	mart	el	O al	ams						ral Ho	•		20608	
	23. PART I. Entar the disee ahock, or heert		complications the			A	quas	sco	Roa	ad. Aq	uasco	MI	Approximate interval Between	
	ahock, or heert IMMEDIATE CAUSE (Finel disease or condition		List only one ca	use on each	h iina.	A not enter t	quas the mode	SCO of dyln	Roang, such	ad Aq a a cardiac o	uasco r reapiratory	MT arrest,	Approximate interval Between Onset and De	
	ahock, or heert IMMEDIATE CAUSE (Fine)		List only one ca	use on each	h iina.	A not enter t	quas the mode	SCO of dyln	Roang, such	ad Aq a a cardiac o	uasco r reapiratory	MT arrest,	Approximate interval Between Onset and De	
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E COMPLETED BY PHYSICIAN: MEDICAL C	ahock, or heert IMMEDIATE CAUSE (Finel disease or condition reauting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent of EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident Inver 3 Suicide 6 Cou 4 Homicide 6 Cou 4 Homicide 6 Cou 5 MEDICAL 29b. SIGNATURE AND TITLE OF	condition condition	b. DUE TO C. DUE TO d. HOSPITAL: 1 Inpetion 2 28a. DATE (Month.) 28a. PLACE building SICIAN: To the best of	D LOR AS A CO	onsequence of on	Anot anter 1 Anot anter 1 Anot anter 1 Anot anter 1 Anot anter 1 Another anter 1 Anot	the mode	CE OF OE THE RY AT T	Rog, such	Part I. 24a. 1 Described	WAS AN AUTOPPERFORMED? YES 2 NO	OCCURED OCCURED OCCURED OTHER OTH	Approximate interval Betwo Onset and De Verselle, 4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO ai Route Number, e(e) and manner as state.	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heert IMMEDIATE CAUSE (Finel disease or condition reauting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent of EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident Inver 3 Suicide 6 Cou 4 Homicide 6 Cou 4 Homicide 6 Cou 5 MEDICAL 29b. SIGNATURE AND TITLE OF	condition condition	DUE TO DUE TO	D (OR AS A CO O	onsequence of on	Anot anter 1 Anot anter 1 Anot anter 1 Anot anter 1 Anot anter 1 Another anter 1 Anot	the mode	CE OF OE THE RY AT T	Rog, such	Part I. 24a. 1 Deck only one) 6 Other (Spe 28d. DesCRIB) 281. LOCATION City or Row	WAS AN AUTOPPERFORMED? YES 2 NO	OCCURED OCCURED OCCURED OTHER OTH	Approximate interval Betwo Onset and De Verselle, 4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO ai Route Number, e(e) and manner as state.	



31. DATE FILED (Month, Day, Year)

	1. DECEDENT'S NAME (First, Middle, Lest) ENCILE	Encilee E BA	(nma)	Barke	er er	2. DATE OF DEATH	er c	3. TIME OF DEATH			
+ +131	4. SOCIAL SECURITY NUMBER 220-22-0716	1 🗆 M 2 💢 F 79	n yrs. last birthday) YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 13,	1911 1	BIRTHPLACE (State or Forei Country) 7irginia Y OF DEATH			
TOR	9a. FACILITY NAME (If not institution, give I AR FORO MCI RESIDENCE OF DECEDENT		pital_		REDECA		HARford				
DIRECTOR		rford		rlingto	n			10d. INSIDE CITY LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 4041-47 Conowingo	Road			10f. ZIP CODE 21034		USA	N OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes	DECENDENT OF HISPAI , specify Cuben, Mexico YES 2 NO Specif			I. RACE — American indian Black, White, atc. Specify: NITE			
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u HOUSE	work done during se retired.)	ATION most of working			STRY			
COM	17. FATHER'S NAME (First, Middle, Last) Orley (nmn)	Blevins				ME (First, Middle, Meide	home Meiden Surname) Parsons				
	Orley (nmn) 19a. INFORMANT'S NAME (Type/Print)	BIEVINS	19h MAII ING	ADDRESS (Str	Cora	(nmn) Route Number, City or To					
TO BE	CAroline L. Sigl	OW				d, Darling					
CATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	a Penal	to fal	Hur							
	PART II, Other eignificent condition	ons contributing to death b	ut nót resulting	In the under	lying cause given in		N AUTOPSY DRMED?	24b, WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?			
MEDICAL	1 YES 2 NO										
AN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		4 Muraino	Home 6 🗌 Residence		/ INJURY OCCU	IREO			
PHYSICIAN: MEDICAL	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Dey, Year)	28b. TH	ME OF 28c	INJURY AT WORK?	264. DESCRIBE HOW					
TED BY PHYSICIAN: MEDICAL	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. Till IN	ME OF 28c JURY M 1	WORK?	281. LOCATION (Stree City or Town, Stat	et end Number or te)	r Rural Route Number,			
D BY PHYSICIAN: MEDICAL	EXAMINER? 1	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY 28e. PLACE OF INJURY	— At home, ferm,	ME OF 28c JURY M 1 street, factory,	WORK7 YES 2 NO office	281. LOCATION (Stree City or Town, State	nenner se stated	1.			

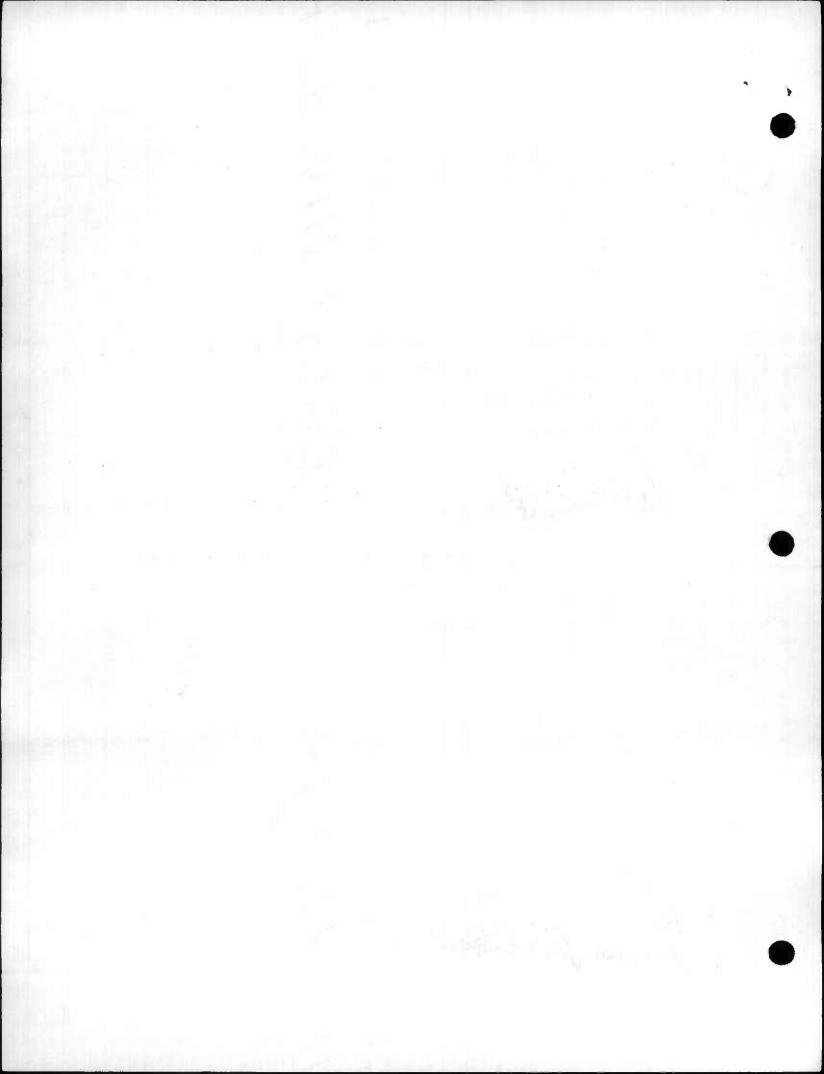
32 REGISTBAR'S SIGNATURE GUILLA DAY GOOD HONDER



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DALIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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D.	ithiu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, 1.0. BOA 13146,	G P	th th
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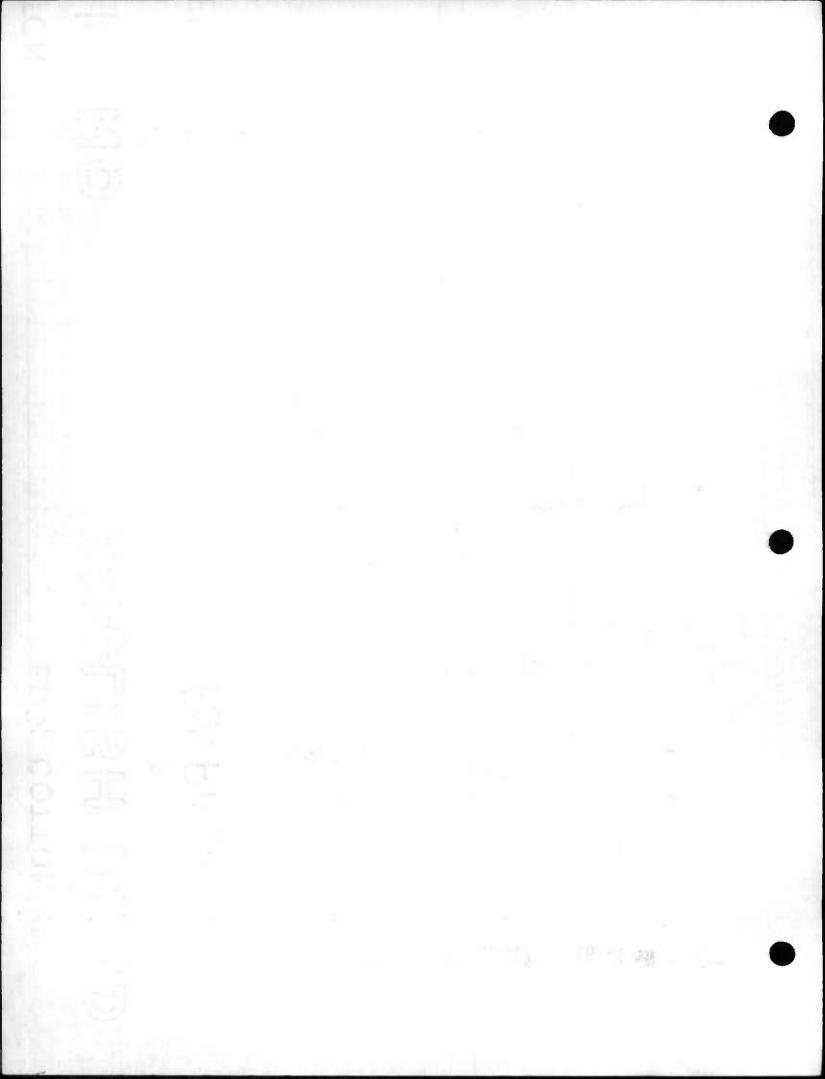
	1. DECEDENT'S NAME		Pamela		Baker	ICATE (2. DATE	of DEATH		91 ^{EAR}	3. TIME OF DEAT
	4. SOCIAL SECURITY 218-76-30	091	5. SEX	8. AGE (In yr. 32	s. lest birthdey) YRS.	IF UNDER 1 Y	AR IF UND	MIN.	7. DATE Sept	of BIRTH	958	e. BIRTH Coupt Md	HPLACE (State or F try)
OR	90. FACILITY NAME (# 4860 Pic	oneer Ca		(storm)	At proj		effers		EATH			eder:	
DIRECTOR	PESIDENCE OF 100. STATE	10b. COUP	Frede	rick	10c. Cl	ry, town on u	ocation						10d. INSIDE CIT LUMITS? 1 TYES 2
	100. STREET AND NUMBER 4860 Pic		ircle				101. ZIP CO	DE 1755	т		10g. CIT		WHAT COUNTRY?
TO BE COMPLETED BY FUNERAL DIR	11. MARITAL STATUS 1 Never Married 3 Widowed A			NT EVER IN U.S 1 TYES 2 WAR OR DATES	NO	If ye		onn, Maxica	in, Puarto I	ORIGIN? (Specify Yea or No- 14. R			E — American Ind k, White, atc.
	(Special Elementary/Second 12	5. DECEDENT'S EI offy only highest gra dary (0-12)	DUCATION ide completed) College (1-4 or 5	1	66. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Secretary						2	nent	
		Robert I	cer	Secre	car y		_		Middle, Melden		amn		
	19a. INFORMANT'S NA Patrici		4860	Pione	er Cir	cle,		erson	, Md.	21	1755		
	20a. METHOD OF DISI 1X Burial 2 Cre 4 Donation 5	Other (Specify)		20b. PL	Teasar	nt Viev	Ceme	tery			rkitt		le, Md.
	22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 217											ne	
	23. PART I. Enter	the diseases, o	r complications th	et caused the	e death. Do							ı, Mo	2176
	23. PART I. Enter ahock, iMMEDIATE CAUSI disease or condition reaulting in death)	, or haart failur E (Finai ion	e. List only one ce	et caused the	line.	not enter the	mode of d	ying, suc	ch as care	diac or resp	iratory ar	rest,	Approxim
CATION	immediate Causi disease or conditi resulting in death) Sequentially list c if any, leading to it	e (Final on onditions, immediata ERLYING	a. OUE TO	use on each	Ine.	or on a second	mode pf d	ying, suc	ch as card	diec or resp	Iratory an	rest,	Approximinterval E Onset sn
ERTIFICATION	immediate causi disesse or conditi resulting in death) Sequentially list c if any, leading to i	onditions, immediata ERLYING or injury ts	a. OUE TO DUE TO C.	C + 42 5 O (OR AS A CO)	NSEQUENCE C	PF:	mode pf d	ying, suc	ch as card	diec or resp	Iratory an	rest,	Approximinterval B Onset sn
MEDICAL CERTIFICATION TO BE COMPLETED	ahock, IMMEDIATE CAUSI disease or conditit resulting in death) Sequentisity list or if any, leading to i cause. Enter UNDI CAUSE (Disease of that initiated evan resulting in death)	on ditions, immediata ERLYING or injury ts	a. OUE TO DUE TO C.	C Y 44 50 O (OR AS A CO)	NSEQUENCE C	not enter the	mode of d	ying, suc	constant of the second	diec or resp	AUTOPSY RMED?	n, Md	Approximinterval E Onset sn On
MEDICAL	ahock, IMMEDIATE CAUSI disease or conditit resulting in death) Sequentisity list or if any, leading to i cause. Enter UNDI CAUSE (Disease of that initiated evan resulting in death)	on ditions, immediata ERLYING or injury ts	a. OUE TO DUE TO DUE TO DUE TO d.	C Y 44 50 O (OR AS A CO)	NSEQUENCE C	OF): OF): In the unda	mode of d	given in	Part I.	24e. WAS AN PERFOI	AUTOPSY RMED?	n, Md	Approximinterval B Onset sn.
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BY PHYSICIAN: MEDICAL	ahock, IMMEDIATE CAUSI disease or conditi resulting in death) Sequentially list c if any, leading to it cause. Enter UNDI CAUSE (Disease of that initiated evan resulting in deeth) PART II. Other sig	onditions, mmediata ERLYING or injury ts LAST RED TO MEDICAL O H 5 Pending Investigation	B. OUE TO DUE TO C. DUE TO d. Ons contributing to HOSPITAL: 1 Inpatient 2 28e. PLACE	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE CONSEQUENCE THER: 4 Nursing	Ilying cause S. PLACE OF Home 5 INJURY AT WORK?	given in	Part I.	24e. WAS AN PERFO! 1 YES 2 ATION (Street	A AUTOPSY RIMED? 2 NO INJURY OC and Number	24t	Approximinterval E Onset sn On	
ED BY PHYSICIAN: MEDICAL	ahock, IMMEDIATE CAUSI disease or conditi resulting in death) Sequentisity list c if sny, leading to i cause. Enter UNDI CAUSE (Disease o that initiated evan resulting in death) PART II. Other sig 25. WAS CASE REFER EXAMINER? 1 YES 2 27. MANNER OF DEAT Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER	onditions, immediata ERLYING or injury ts LAST nificant conditi RED TO MEDICAL to H 5 Pending Investigation 6 Could not be determined	B. OUE TO DUE TO DUE TO C. DUE TO d. Ons contributing to HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month, 0 28b. PLACE building	O (OR AS A CO) O (OR AS A CO)	NSEQUENCE CONSEQUENCE THER: 4 Nursing ME OF JURY M 1 street, factory,	node of dependence of the place	given in	Part I. Part I. 28d. DE:	24e. WAS AN PERFOI 1 YES 2	A AUTOPSY RMED? 2 NO	24t	Approximinterval E Onset sn On	
COMPLETED BY PHYSICIAN: MEDICAL	ahock, IMMEDIATE CAUSI disease or conditi resulting in death) Sequentisily list or if eny, leading to i csuse. Enter UNDI CAUSE (Disease of that initiated evan resulting in death) PART II. Other sig 25. WAS CASE REFER EXAMINER? 1 YES 2 27. MANNER OF DEAT Netural Accident 3 Suicide 4 Homicide	onditions, immediata ERLYING or injury ts LAST nificant conditi The pending investigation Could not a determined CERTIFYING PH' MEDICAL EXAMI	B. List only one call a. OUE TO DUE TO C. DUE TO d. Ons contributing to HOSPITAL: 1 Inpatient: 28a. DATE O (Month, one) 28a. PLACE building VSICIAN: To the best of	D (OR AS A COLOR OF INJURY — J., etc. (Specify)	Ine. INSECUENCE OF THE STATE O	OTHER: 4 Nursing ME OF JURY M street, factory,	iying cause S. PLACE OF Home 5 INJURY AT WORK? YES 2 office data and plea	given in DEATH (C) Residence NO	Part I. Part I. 28d. DE: 26f. LOC City a to the case time, data	24a. WAS AN PERFOI 1 YES 2 ATION (Street or Town, State)	A AUTOPSY RMED? 22 NO INJURY OC and Number	24tb	Approximinterval E Onset sn On
ED BY PHYSICIAN: MEDICAL	ahock, IMMEDIATE CAUSI disease or conditi reaulting in death) Sequentisily list or if any, leading to i cause. Enter UNDI CAUSE (Disease or that initiated evan reaulting in death) PART II. Other sig 25. WAS CASE REFER EXAMINER? 1 YES 2 27. MANNER OF DEAT Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2	onditions, mmediata ERLYING or injury ts LAST RED TO MEDICAL to H 5 Pending Investigatio 6 Could not be determined CERTIFYING PH' MEDICAL EXAMI	B. List only one ce a. OUE TO DUE TO C. DUE TO d. Ons contributing to POSPITAL: 1 Inpatient 2 28s. DATE O (Month, one 28s. PLACE building to 18s. of	D (OR AS A CO) O (OR	Ine. INSECUENCE CONSECUENCE C	OTHER: OTHER: A DAY Nursing ME OF JURY M Street, factory, red at the time on, in my opin	fying cause 19. PLACE OF Home 5 INJURY AT WORK? VES 2 office data and plean on, death occ	given in DEATH (C) Residence	Part I. Part I. 28d. DE: 26f. LOC City a to the case time, data	24a. WAS AN PERFOI 1 YES 2 ATION (Street or Town, State)	A AUTOPSY RMED? 22 NO INJURY OC and Number	24tb	Approximinterval B Onset sn On



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

- REGISTRAR		CERTIF	FICATE (OF DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)		_			2. OATE OF GEAT	ГН		3. TIME OF DEATH
REID	tons	than T	Sourt	MET	MONTH	2 - C	YEAR	4:000
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)			7. OATE OF BIRT	H	6. BIRTH	PLACE (State or Foreign
130 11 02-11	1 € M 2 □ F	27 YRS.	MONTHS D	AYS HOURS MIN.	10/19/6	3	Vashi	ington, D.
9e. FACILITY NAME (If not institution, give street	et end number)			WN OR LOCATION OF D	EATH			
5827 Conway Rd.			Beth	esda		Montg	gomer	:у
10a. STATE 10b. COUNTY	Montgor		ITY, TOWN OR L	Bethe	sda			10d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE 20817		10g. CITI		HAT COUNTRY?
5827 Conway Road	12. WAS DECEDENT EV	FR IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Speci	ty Vee or No		- American Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If ye	s, specify Cuban, Mexic YES 2 NO Speci	an, Puarto Rican, et		Black.	, White, etc.
15. OECEOENT'S EOUCA (Specify only highest grade co	TION omoleted)	16e. DECEDENT		IPATION ng most of working	16b. KIND O	F BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)		T 1 -			
AT PATHERY MANE (To A Middle 1 - 0	4	Busines	ss Mana	gement/Sal	.es Lands AME (First, Middle, M			
17. FATHER'S NAME (First, Middle, Lest)				SOUND THE P		alden Surneme)		
Howard Bartner 19a. INFORMANT'S NAME (Type/Print)					Cohen			
	. 1			treet end Number or Rural) Code)	
Elavne Bartner, Mo	other	20b. PLACE AND DA		Rd., Beth			Ott	- 000
1 t Burial 2 ☐ Cremation 3 ☐ Remov	al from State	of cemetary cremato	ny or other place	9)	1			
4 Donation 5 Other (Specify)	NSEE	wasn. Hebr		ME AND ADDRESS OF F		sningto	on, I).6.
MALL			Dan	zansky-Gol	dberg Me			
23. PART I. Enter the diseeses, or co			1117	0 Rockvill	e Pike,	Rockvi.	S. BIRTHPLACE (State or Fore Country) Washington, D. INTY OF OEATH gomery 10d. INSIDE CITY LIMITS? N YES 2 N 12EN OF WHAT COUNTRY? USA 14. RACE — American Indian Black, White, etc. Specify: White COUSTRY 10 Code) - City or Town, Sinte Con, D.C. Chapels 11e, MD 20852 Treet, American Indian Interval Bet Onset and Onset and Onset and Onset and 1 YES 2 N CCURED	
disease or condition resulting in death) a.	DUE TO (OR	AS A CONSEQUENCE		•				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE	OF);					
CAUSE (Disease or Injury that initiated events	OUE TO (OR	AS A CONSEQUENCE	OF):				- 7	-
resulting in death) LAST								
PART II. Other algnificant conditions	contributing to dec	ath but not regulting	n in the unde	dylna cause alven li	Part I 24a W	AS AN AUTOPSY	245	WEDE AUTOPSY FINDIN
	oonandanig to det		y iii tile ulide	Trying Cause given in	PI	ERFORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
					- 10			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)			
	HOSPITAL:	I/Outpetlant 3 DOA	OTHER:	Home 5 Basidence	6 Cither (Snecif	()		191D
27. MANNER OF DEATH	28s. DATE OF INJ	URY 26b, T	IME OF 28	c. INJURY AT	26d. DESCRIBE		CURED	
1 Natural 6 Pending Investigation	(Month, Day, 1	(Sar)	M.	WORK?		See I		
Suicide 6 Could not be detarmined	28e. PLACE OF IN building, etc.	UURY — At home, farm (Specify)	n, street, factory	, office	281. LOCATION (S City or Town,		r or Rural F	loute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER:								a) and menner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	JMBER	29d, DAT	TE SIGNEO	(Month, Dev. Year)
Dohn Cl	- Que	M		208		> 1	3-7	27-91
30, NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE O					1	, ,	11
Dohn 1	auber	8210	स् ७३	Scous	as ni	- 700	The	Solo M
31. DATE FILED (Month, Day, Year)	32. REGISTRARIS	SIGNATURE HONDE	2	П				100

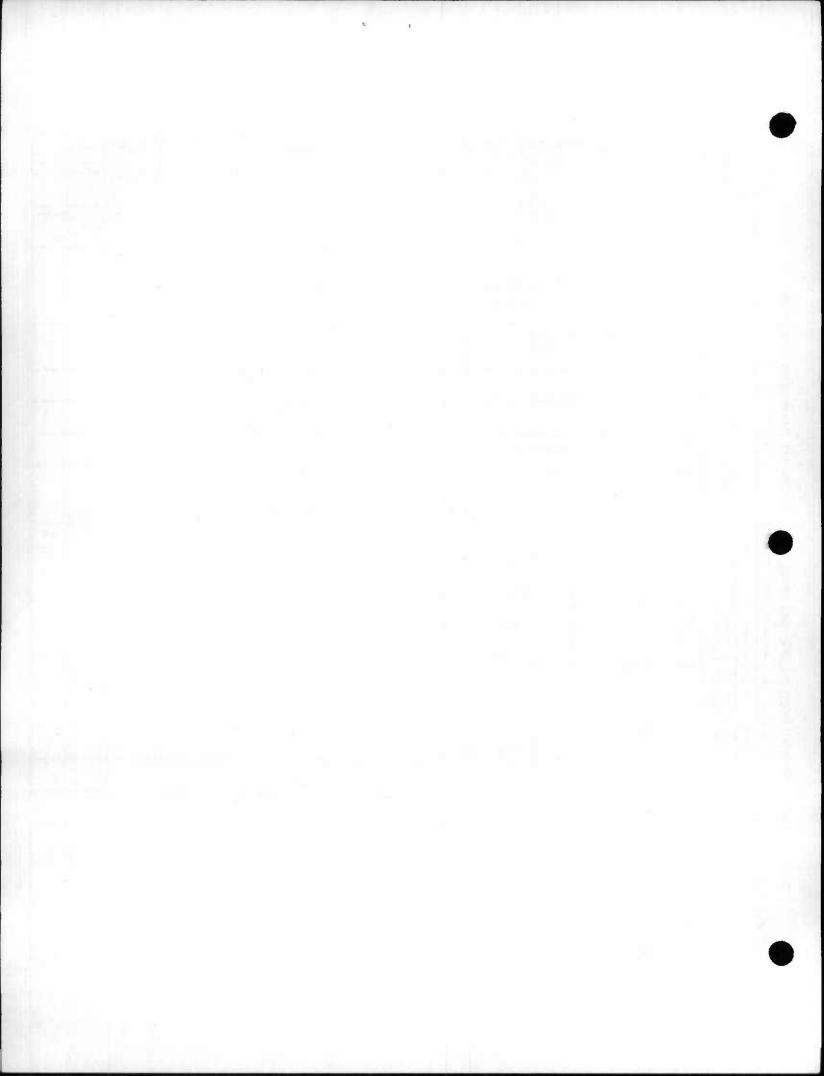


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No. 1	ING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. Where the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, and the State Dect. of Health and Merital Hydiene prior to burial, criming or removal.	
	7. Pg	
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Ö	ING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after duter this certificate has been signed by the attending physician and completely filled in by the just with the State Dect. of Health and Mental Hydiene prior to butlal, chanation, or memoral	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ON	DING	S m
ISI	CTOR:	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train the filled within 20 hours after death with the State Destrict of Health and Merial Hyolene prior to burial, commanding the month.	MPORTANT: If Item 28 Is
	PITAL	THE
	FUN	MAN
	五五	40
	E E 3	5

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First, Mid		Bordner			MONT	OF DEATH	1991	EAR	: 08	Н М
4. SOCIAL SECURITY NUMBER	BOODEC III		JNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0.	BIRTHPLA	CE (State or Fo	reign
340-07-7452	1 M 2 X F	2 YRS. MON	THE DAYS	HOURS MIN.	Man	th, Day, Year) / 24, 1		Country)	nsin	
9a. FACILITY NAME (If not institut	tion, give street and number)	9b.	CITY, TOWN D	R LOCATION OF DE			9c. COUNTY	OF DEATH	1	
Greater Laure	l Beltsville Hos	spital	Laure	1			Prince	e Geo	rge's	
	. COUNTY		WN OR LOCATI	ON				10d	. INSIDE CITY	'
	rince George's	Belts	ville						YES 2 💢	ND
104. STREET AND NUMBER			101.	ZIP CODE	070	_	10g. CITIZEN			
3611 Stonehal	12. WAS DECEDENT EVER				2070	9	Unite			
1 Never Married 2 Mer 3 Wildowed 4 Divorced	ried FDRCES? 1 YES	2 X NO	If yes, spe	ENDENT OF HISPAI city Cuben, Mexica 2 NO Specifi	in, Puerto		or No- 14	Black, Wi Specify: Whi		en,
	NT'S EDUCATION heat grade completed)	18a. DECEDENT'S USU			.16	b. KIND OF BUS	SINESS/INDUS		.00	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use ret		r or wonang						
	4	Tea	cher			Educa	ation			
17. FATHER'S NAME (First, Middle				18. MOTHER'S NA	ME (First,					
	rison Farnsworth			Marion			ortnu			
19a. INFORMANT'S NAME (Type/				Number or Rural)E	
Harrison E.		3611 Sto			R6					
20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 5 Other (Spi	3 Removal from State	b. PLACE OF DISPOSITIO Other place) Suburban Cr					cation — cm /er Sp:			land
21. SIGNATURE OF FUNERAL SE	. / //	RP	Rapp	Funeral Sist Aver	Ser			na N	n 209	10
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate any, leading the immediate any, leading the immediate any, leading the immediate any, leading the immediate any, leading the immediate any, leading the immediate any, leading the immediate and leading the immediate and leading the immediate and leading the immediate any, leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the immediate and leading the i	DUE TO (DR AS	A CONSEQUENCE OF):							interval B Onset and	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	A CONSEQUENCE OF):								
PART II. Other significant	conditions contributing to death	but not resulting in th	ne underlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY F ULABLE PRIOR MPLETION OF DEATH?	TO CAUSE
25. WAS CASE REFERRED TO M	EDICAL		26. PL	ACE OF DEATH (Ch	heck only o	one)				
EXAMINER?	HOSPITAL: 1 [X]Inpatient 2 ER/Out		THER:	5 - Reeldence						
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJ			ESCRIBE HOW I	NJURY OCCUI	RED		
2 Accident	ding stigation	110MCSC	M 1 🗆 Y	ES 2 NO						
3 Suicide 6 Cou	building, etc. (Spi	Y — At home, ferm, stree scily)	t, tectory, office		Chi	CATION (Street in y or Town, State)	and Number or	Hural House	Number,	
Cornect only	ING PHYSICIAN: To the best of my kno EXAMINER: On the basis of examinati								d manner ee s	stated,
296. SIGNATURE AND TITLE OF				29c. LICENSE NU					nth, Day, Year)	
Meur	Gendenton	.1		D 367					31, 19	
30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pric	nt)	5 007			110		,	- 4
Andrew Kundra		Cherry Lar	ne, Lau	rel, MD	207	07				
31. DATE FILED (Month, Day, Year APR 1 - 3	91 Juna Davi	MATURE Panders								

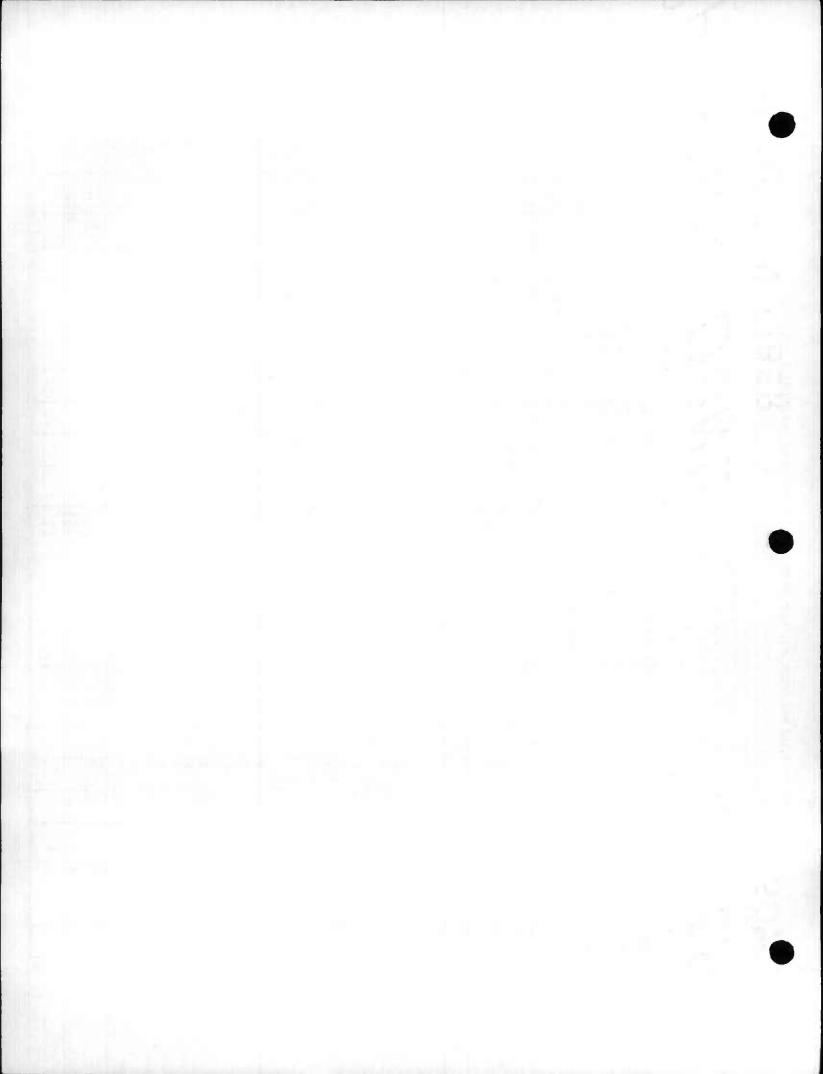


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF OFATH

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPART			MENTA	L HYGIEN	_		
1. OECEDENT'S NAME (First	, Middle, Last) JULIA	BENDER				2. DATE MONT MAR	OF OEATH	AY	YEAR	3. TIME OF DEATH 12:45 P.
4. SOCIAL SECURITY NUMBER 217-98-599 80. FACILITY NAME (III not li	7	10 M 2 Q F 11	YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF O	7. DATE (Mont NOV	OF BIRTH h, Day, Year) . 16.1	.979	NEW	PLACE (State or Foreign VORK
4200 Sheri	dian St			Hyatts		EATH		Prin		George's
Maryland	10b. COUNTY	e George's		TOWN OR LOCAT						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
100. STREET AND NUMBER 4200 Sheri		treet		101	20782			10g. CITIZ		HAT COUNTRY?
11. MARITAL STATUS 1 Nover Merried 2 3 Widowed 4 Dive		12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPA scity Cuben, Mexico 2 NO Specti			- American Indian, White, etc.		
(Specify on Elementary/Secondary (CEOENT'S EDUC by highest grade (rk done during mo- retired.)	DN st of working	168	. KIND OF BU	99-118-9-2		THE
6 17. FATHER'S NAME (First, A	fiddle Last)		stu	dent	18. MOTHER'S NA	ME /Float		lucati	on	_
Howard Jef		ender		Randi						
19a. INFORMANT'S NAME (19b. MAILING A	DDRESS (Street a	nd Number or Rural				Code)	
Howard Jef	frey Be	ender	4200 S	heridia	n Street	, Ну	attsvi	lle,	MD :	20782
20e. METHOD OF DISPOSIT Burlel 2 X Cremete 4 Donation 5 Other	on 3 🗆 Remo	oval from State	other place) SUD	urban C	rematory	1		ver S		wn, State
21. SIGNATURE OF FUNERA	M. SERVICE LIC	ENSEE -	M00363		D ADDRESS OF FA Funeral ist Ave					
	eert fellure. I	onyplications that cause List only one cause on a malignant	brain tu	mor	de of dying, aud	ch ae car	diac or resp	iratory arre	eat,	Approximate interval Betwee Onset and Deal
Sequentielly list conditions if any, leading to imme	dlata	A	A CONSEQUENCE OF):							
cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS	ury 6	DUE TO (OR AS	A CONSEQUENCE OF):	;						
PART II. Other eignific	ent condition	a contributing to deeth i	out not reaulting in	the underlying	g cauae given in	Part I.	24s. WAS AF PERFO 1X YES	RMED?	246	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL				ACE OF CEATH (C	heck only o	ne)			
1 TES 2 X NO		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out		OTHER: 4 - Nursing Horr	e 5 💢 Residence	8 🗆 Oth	er (Specify)			
27. MANNER OF CEATH 1 Letural 5 2 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		PURY AT DRK? YES 2 NO	28d. OE	SCRIBE HOW	INJURY OCC	URED	
3 Suicide 6 Homicide	Could not be determined	28s. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, str city)	reet, factory, offic	•	201. LO	CATION (Street or Town, State	and Number)	or Flural	Route Number,
need the same		CIAN: To the best of my know								a) and manner as stated.
296. SIGNATURE AND TITL	e of CERTIFIER	n Olv.n	2		29c. LICENSE NU		52	29d. DATE ▶ Ma	signer	(Month, Day, Year) 31, 1991
	Vore.M.	D., 4203 QU	eensbury		yattsvil	le,	Maryla	nd 2	2078	1
APR 1 -	100		And Rando P.							

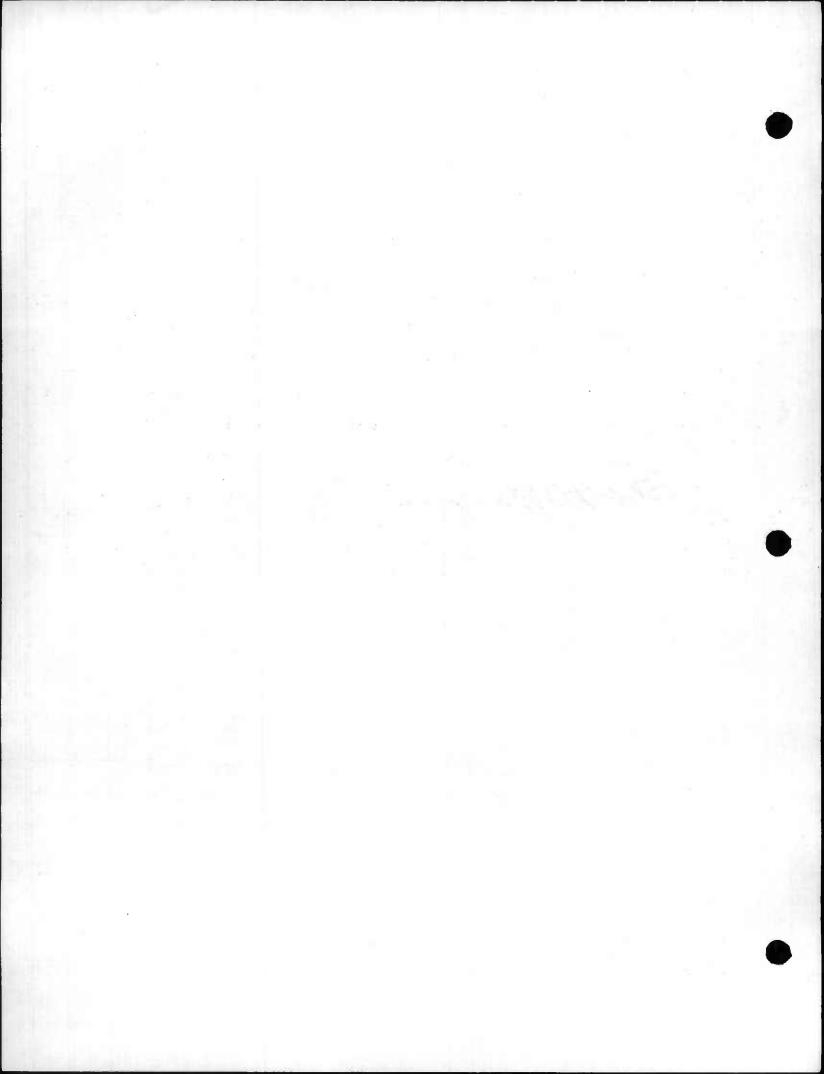


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR			CI	ERTIFIC	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First,	, Middle, Last)							OF OEATH		3. TIME OF DEATH
Hilda Rae H	Bowman						Монти	ch 31,	1001	M
4. SOCIAL SECURITY NUME	BER	5. SEX 8.	AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE	OF BIRTH		HPLACE (State or Foreign
214 09 1326		1 M 2 文F	83	YRS.	IONTHS DAYS	HOURS MIN.	Nov.	, Day, Year)	Coun	ryland
9a. FACILITY NAME (If not in		aet and number)			96. CITY, TOWN	OR LOCATION OF DI	EATH	94	COUNTY OF	DEATH
908 Prestor					Hage	rstown			Washin	gton
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland	Washi	ngton		На	gerstow					LIMITS? 1 YES 2 X NO
908 Prestor	n Road				10	21740		10	g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 X		If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 X NO Specifi	en, Puerto F		Spe	E — American Indian, ik, White, etc. iiiy: Lte
15. DEC	EDENT'S EDUC	ATION completed)	16a. DE	CEOENT'S U	SUAL OCCUPATION	ON set of working	16b.	KINO OF BUSINE	SS/INOUSTRY	
Elementary/Secondary (0	1	College (1-4 or 5+)	life	bookke	retired.)	of or working		banking		
17. FATNER'S NAME (First, M	liddle. Lasti			_ conte		18 MOTHERNO 114	ME /Ele-1 1	Middle, Malden Sun		
Frank S. Bo		Sr.						elle Ste		
19a. INFORMANT'S NAME (1	Type/Print)		19	b. MAILING A	DDRESS (Street I	and Number or Rural	Route Numb	ber, City or Town, S	tete, Zip Code)	
Frances Boy	man					Rd., Hag				
20e. METHOD OF OISPOSIT 1 X Buriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	val from State	other ni	non)	rion (Name of car Cemete	metery, cremetory or			STOWN	
21. SIGNATURE OF FUNERA		ENSEE					CILITY		ocown,	114.
DOA	745	man		.1		CH FUNER			retoun	, Md. 21740
iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or injut that initiated events	iona, diate in G	DUE TO (O	on each line	OUENCE OF)	the	out _				Approximata Interval Between Onset and Daath
reaulting in death) LAS										
PART II. Other alignifica	ant conditions	contributing to de	eath but not	resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN AUTPERFORME 1 YES 2	D?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					LACE OF OEATN (C	neck only on	ne)		
1 YES 2 NO		HOSPITAL: 1 ☐ Inpatient 2 ☐ E	P/Outpatient 3		OTHER: United Housing Non-	ne 5 🗆 Residence	8 🗆 Othe	r (Specify)		
	Pending Investigation	28a. DATE OF IN (Month, Day,	JURY Year)	26b. TIME INJU		JURY AT DRK? YES 2 NO	24d. DES	CRIBE HOW INJU	RY OCCURED	
3 Suicide 6	Could not be determined	28e. PLACE OF I	NJURY — At he c. (Specify)	ome, ferm, str	reet, factory, offic	18		ATION (Street and or Town, State)	Number or Rural	Route Number,
torioon orny		IAN: To the best of m								(e) and manner as stated.
296. SIGNATURE AND TITLE	1994	200	٨			29c. LICENSE NU	57		4/40	O (Month, Day, Year)
ABDAL L	VAHE	FeD, MD	OF DEATH (ITE	M 27) (Type, I	orimi) ARITI	AVE.	1/AC	GERSTON	0~. N	1021740
31. OATE FILED (Month, Day,	j'3 '91	32. REGISTRAR	s SIGNATURE	on- Pank	delle					



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	NOULS
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46,	ed within
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×	8
P.O. BOX 1	certificate
J.	death
S	94
2	that
RECORDS,	w requires that the death certificate be executed within a
<u> </u>	트
N OF VITAL	SICIAN:
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DIVISION	TAL OR ATTENDING PHYSICIAN: The la
5	B
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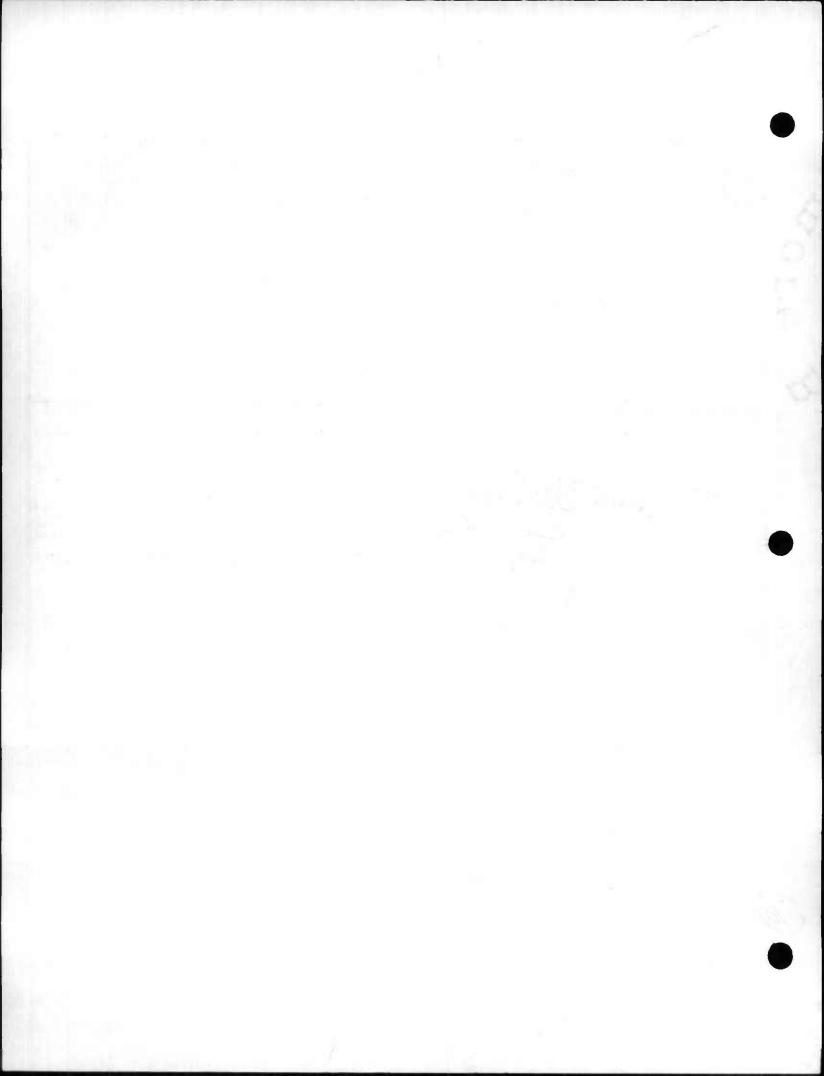
FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) SROWN Charles Edward Brown 30 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BURTH 8. AIRTHPLACE (State or Foreign 12-31-33 Florida 1 M 2 F 9c COUNTY OF DEATH 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimore, City attimore JOSE RESIDENCE OF DECEDENT Prince George laure l 10d. INSIDE CITY LIMITS?V V 10a. STATE Haryland 1 WES 2 1 1 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20701 USA use as the burial-transit death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 YES If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 1 Married IF YES, GIVE WAR OR DATES Unite BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION Por Elamentary/Secondary (0-12) College (1-4 or 5+) ed in by the funeral director, page 5 should be detached or removal. 12 Self 8 Engineer once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Anatalize Raby 76 Jesse L. Brown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 15713 Hayn Ave. Laurel, Haryland 20707 Julia H. Brown 2 20e METHOD OF DISPOSITION
1 Maurial 2 Cremetion 3 Removal from Stata
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Laurel, Haryland Mary's Cemetery 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20707 7601 Sandy Spring Rd. Laurel, MD seals medicai 23. PART I. Enter the diseases, or complication abock, or heart failure. List only of death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximate filled in by **Onset and Death** IMMEDIATE CAUSE (Final and completely filled burial, cremation, the disease or condition . Idiopathic Autonomic Insufficiency (Shy-Deager Syndrone) 3 years resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician ar Mental Hygiene prior to I If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST certificate has been signed by the attention the State Dept. of Health and Mental or item 23 shows any injury, 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Haspice 4 | Nursing Home 5 | Residence 6 (Dother (Specify) 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 28c. INJURY AT WORK?

1 YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH this c marked, 1 Natural 5 Pending After the death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 6 Could not be DIRECTOR: Jours after of them 28 is COMPLETED 4 Homicida 29e. CERTIFIER
(Check only one)

AMENICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE HOSPITAL (TO THE FUNERAL (TO THE FUNERAL (TO THE FUNERAL (TO THE FUNERAL (TO THE FUNERAL) (TO THE FUNERAL) (TO THE FUNERAL) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE , r. a. DO 2175 D 3-20-91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHY)

(LOUIS B. Fing, 630 W. Fayette St. Bellimore, N.D. 21201 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Davidson-Randell '91 MAR 2 1



1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ifter death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the into the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

33							
						91	09640
FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	RTMENT OF		MENTAL HYGI REG.		
1. DECEDENT'S HAME (First, Middle, Last)				To be of	2. DATE OF DEAT		3. TIME OF DEATH
DANIEL S. BAC	CTAWAR				16.03	975	91 8:15 A M
4. SOCIAL SECURITY HUMBER 094 76 6106	5. SEX 1 ⊠ M 2 ☐ F	6. AGE (In yrs. lest birthday) 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	1	JAN 26	7,1954	BIRTHPLACE (State or Foreign Country) GUYANA
9e. FACILITY HAME (If not institution, give s 3316 PERRY STRE			96. CITY, TOWN	OR LOCATION OF DI	EATH		Y OF OEATH E GEORGES CO.
RESIDENCE OF DECEDENT							T
MD PRINC	CE GEOR		RANIER				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AHD HUMBER 3316 PERRY STI	REET			2011		ATTEN	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	NT EVER IH U.S. ARMED 1 YES 2 HO WAR OR DATES	If yes,	ECEHDENT OF HISPA apocity Cuben, Mexica ES 2 NO Specia	in, Puerto Rican, etc		4. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	completed)	Mo Do NOT u	work done during i		16b. KIHD OI	BUSINESS/INDU	STRY
Elementary/secondary (u-12)	College (1-4 or 5		DENT		so	CHOOL	
17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S H	AME (First, Middle, Mi	siden Surneme)	
FULTON BACTAWA	AR			IRIS	SOMAR		
19e. IHFORMAHT'S HAME (Type/Print)		19b. MAILING	G ADDRESS (Street	t and Number or Rural	Route Number, City o	r Town, State, Zip C	Code)
TABITHA ISHMAEI		4815	43rd	PL. N.W	•		
20e. METHOD OF DISPOSITION 1 Description Description	novat from State	of cemetary, cremator	y or other place)		3/19/91	c. LOCATION — CI	VER SPRING, MI
21. SIGHATURE OF FUNERAL SERVICE LI	11	imo	22. NAME RALF	AND ADDRESS OF FA H WILLI KENNEDY	AMS FUN	ERAL S	
23. PART I. Enter the diseeses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	List only one ca	at ceused the deeth. Do	not enter the r	node of dying, au			st, Approximeta interval Between Onset and Death
Sequentielly list conditions, if eny, leading to immediate	1. Cita	O (OR AS A CONSEQUENCE O	COHO	-15 m			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	O (OR AS A COHSEQUENCE O	DF):				
PART II. Other significent condition	ns contributing t	o death but not resulting	in the underly	ing cause given in	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? LETYES 2 NO
							125 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C			
1 YES 2 ☐ HO 27. MAHNER OF DEATH	1 Inpatient 2	ER/Outpatient 3 DOA		ome 5 Residence		() FOW INJURY OCC	PIDEO
27. MAHNER OF DEATH Natural 6 Pending			IJURY	HJURY AT WORK? YES 2 HO	Zed. DESCHIBE	TOW INJURY OCCI	UNED

27. 2 Accider
3 Suicide 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

O.C.M.E. 29d. DATE SIGNED (Month, Day, Year)

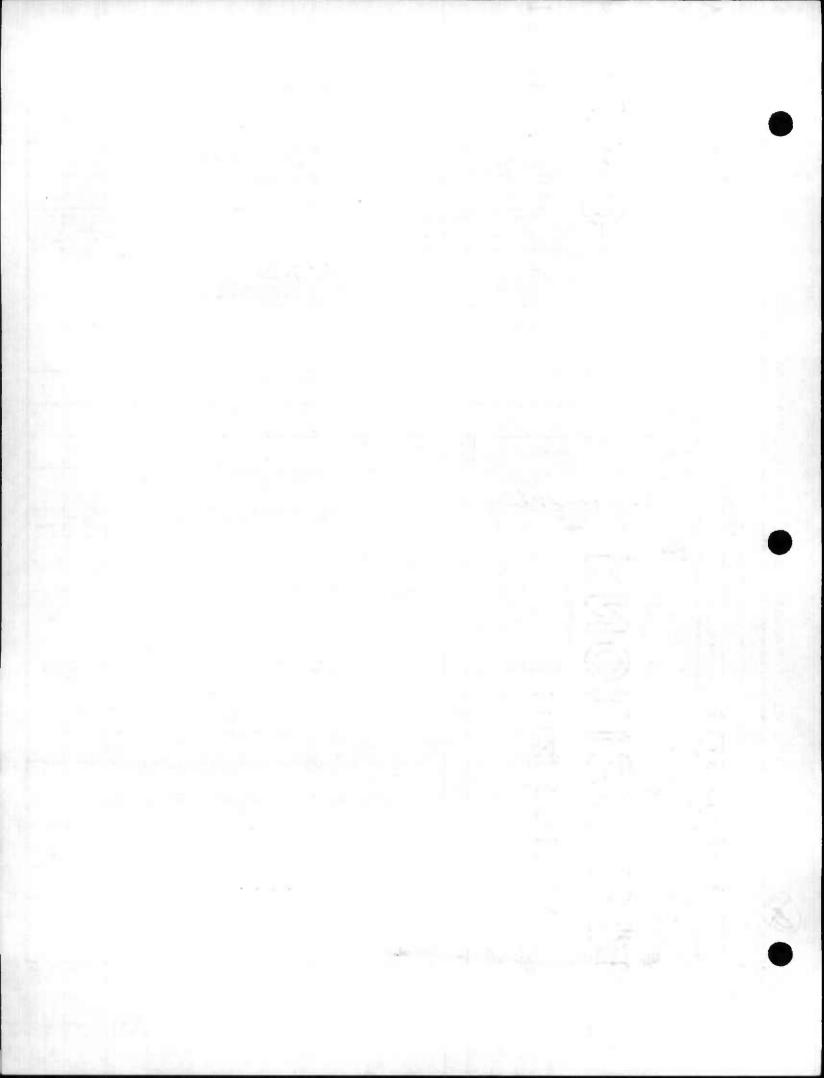
▶ 03/16/91 SIGNATURE AND TITLE OF BERTIFIER

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print,

HARGAMOS 111 PENN STREET, BALTIMORE, MARYLAND 21201 13. · CO NETU

lie Davidson Randall

OHMH-16 Rev 1/89



9c. COUNTY OF DEATH Prince Georges

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

3. TIME OF DEATH

10d, INSIDE CITY LIMITS? 1 YES 2 X NO

14. RACE --- American Indian, Black, White, atc.

Specify: White

4308 Suitland Rd. . Suitland, MD. 20746

> Approximata Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 - NO

29d. DATE SIGNED (Month, Day, Year)

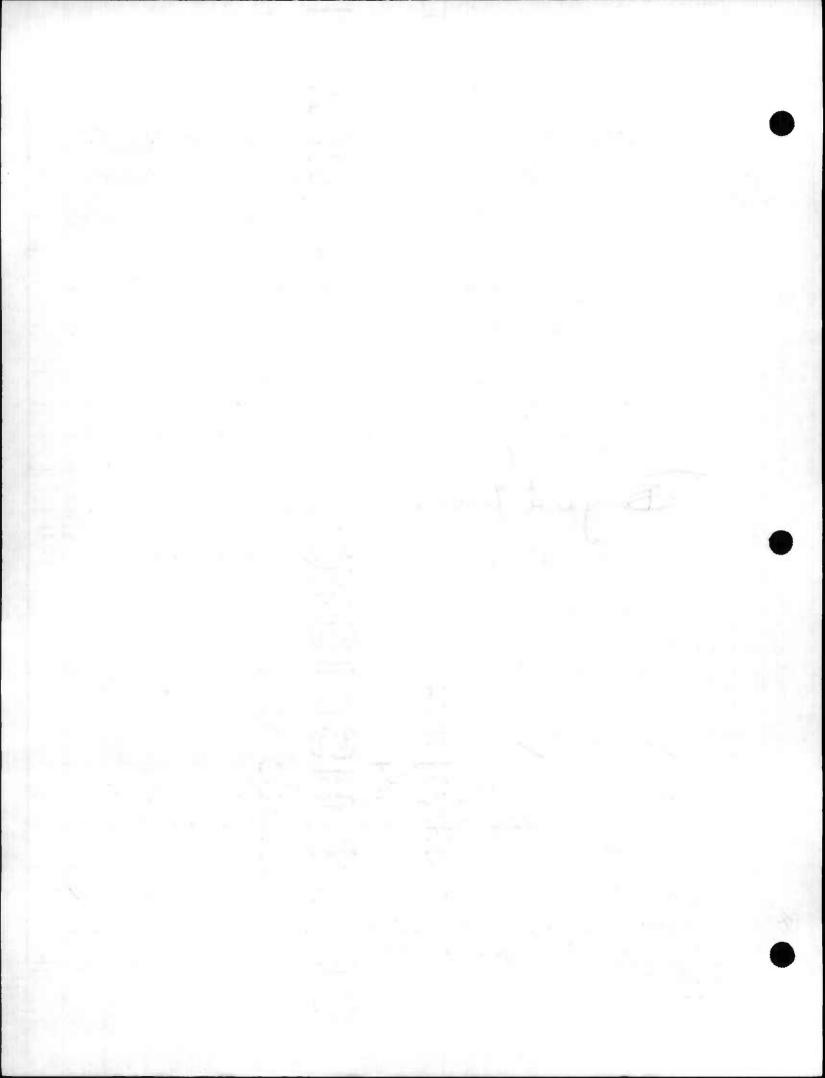
8. BIRTHPLACE (State or Foreign Country) 1906 Washington, D.C.

FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First,	SEN!	L W11	ton	Bro	wn	5	/	2. DATE O	F DEATH DA	91	YEAR 3.	TIME OF
0		4. SOCIAL SECURITY NUMBER 577-01-5440		5. SEX 1 3 M 2 - F		85 YRS.		MYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	906 W		ngto
	CTOR	Southern MAr	yland		1			into	LOCATION OF D	EATH		9c. COUNT Princ	e Geo	
t. Pages 1,	DIREC	10a. STATE	10b. COUNTY	e George	S	7.2	TOWN OR		ON					Dd. INSIDI
physician, burial-transit permit, Pages	FUNERAL	10e. STREET AND NUMBER 2416 Green	Valle	y Dr.				-	20746			10g. CITIZE	S.A.	T COUNT
De retained by the hospital or attending physician, tge 5 should be detached for use as the burlal-tran he notified at once.	BY	11. MARITAL STATUS 1 Never Married 2 🔀 3 Diver		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NT EVER IN U.S WEYES 2 MAR OR DATES	ARMED NO	lf y	es, spec	NDENT OF HISPA city Cuben, Mexico NO Specif	in, Puerto Ric		or No— 1	Specify:	America White, atc
pital or atten	PLETED	15. DECE (Specify only Elementary/Secondary (0- 1 ()	DENT'S EDU highest grade 12)	CATION completed) College (1-4 or 5	+)	Give kind of wife. Do NOT us	ork done dun retired.)	ing most			tail			
d by the hos id be detach d at once.	BE COMPL	17. FATHER'S NAME (Flist, Min	OWD						16. MOTHER'S NA Agnes E	ME (First, Mi Belle	ddle, Meiden Ander	Sumame) SON		
y be retained age 5 should be notified	TO E	Patti Kavan 200. METHOD OF DISPOSITI	augh				St. S	S.E.	# 301	Washi	ngton		. 20	0003
ector, p		1 Burial 2 Cremetto 4 Donation 5 Other	Specify)		of ceme	etary, crematory	or other plac 1 Cem	ete:	2	/16/9:	l Sui	tland	, MD	
ter death. Pag the funeral dir oval.		B	ya	17	ello	xel.			E. Wilh		Inc.		and,	MD.
ed within 24 ompletely fill al, cremation, event, the		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert reflure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO OR AS A CONSPONENCE OF):											Appr Inter Ons	
be execution and or to but	RTIFICATION	Sequentielly list conditi if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or Inju that initiated events resulting in death) LAS	NG ry	c		NSEQUENCE OF		i						
uires that the d signed by the Health and Me	MEDICAL CE	PART II. Other algnifica	nt condition	ns contributing to	o death but r	not resulting i	n tha unde	orlying	cause given in		24a. WAS AN PERFOR 1 TYES 2	RMED?	CO	VERE AUTO
SiCIAN: The law requentificate has been the State Dept. of the tem 23 should be the control of t	HYSICIAN: N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSFITAL:			OTHER:	1	ACE OF DEATH (C	H-17-5			<u></u>	
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b hours after death with the State Dept. Item 28 is marked, or item 23	ED BY P	27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 5	Pending nvestigation Could not be determined	25a. DATE O	FINJURY Day, Year) 14-9	28b. TiM	STATE OF THE PERSON OF THE PER	8c. INJU WOR 1 YE	ES 2 DINO	28d. DE\$0	(Specify) CRIBE HOW I	vin	prei	te Numbe
AL OR	COMPLET	(ondon only		ICIAN: To the best of				e, date s	and place, and du					ind mann
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE C	296. SIGNATURE AND TITLE	Y-X	COMPLETED CAL	ig M	0	Botel		290 LICENSE NU	130		29d. DATE	SIGNED (M	Month, Day
/		Aulusto/	Ro.	drofue z	AND SIGNATU	5009	Kay	po	unCt	Cp	Spri	Md	204	74
	1	MAR 1	9 '91	V gw	ha David	son-Rand	مالا			,				

STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

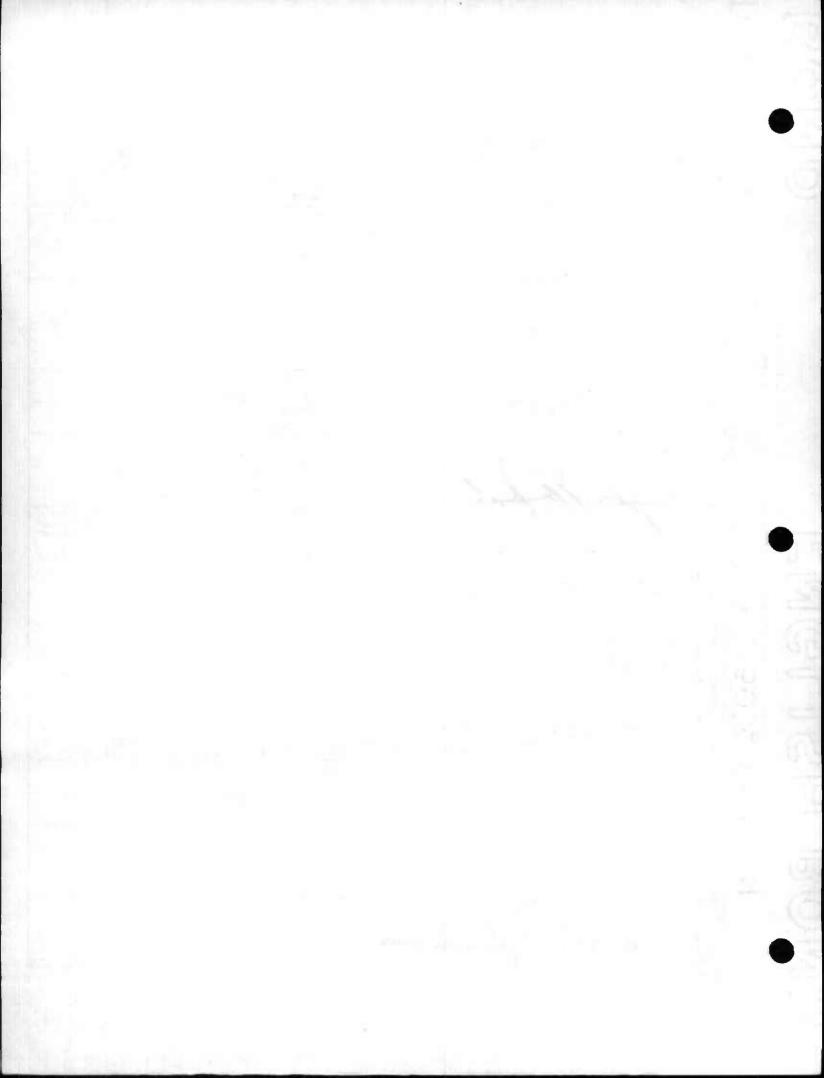
DHMH-15 Rev 1/89



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

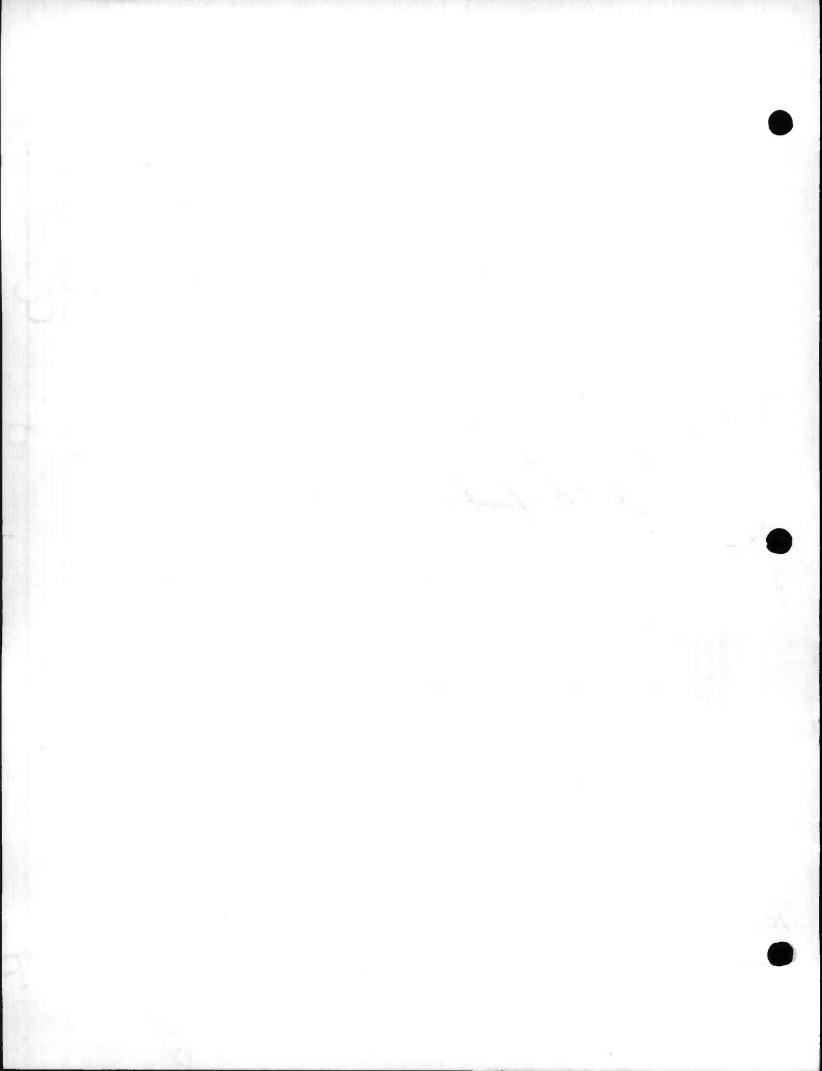
1 - STATE

	HEGISTHAH		CE	HIIF	CALE	UF	DEA	П		EG. NO.			
	t. DECEDENT'S NAME (First, Middle, Last GERALID	BUCKNER							2. DATE OF D MONTH MARC	DAY	8, 19	91 (0013 a m
	4. SOCIAL SECURITY NUMBER 578-56-4332	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day 7/26/	IRTN (Year)	8.	BIRTNPLA Country) D. C	VCE (State or Foreign
1	9e. FACILITY NAME (If not institution, give		47		01 0177/	T01401	OR LOCATI			43			_
OR	CALVERT MEMORIAI RESIDENCE OF DECEDENT				PRIN						9c. COUNTY		N
5													
FUNERAL DIRECTOR	D. C.	17			shin;								LIMITS?
7	toe. STREET AND NUMBER					to	. ZIP COD				tog. CITIZEI	OF WHAT	T COUNTRY?
NER/	115 Forrester St.							032			U.S.		
ВУ	tt, MARITAL STATUS t Never Merried 2 Merried 3 Wildowed 4 Olvorced		IT EVER IN U.S. ARN YES 2 X NO WAR OR OATES		If.	yes, sp		n, Mexica	IC ORIGIN? (Sp n, Puerto Rican, :			Specify: Black	
COMPLETED	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12) 9 th	OUCATION die completed) College (1-4 or 6	(Giv	EDENT'S TO kind of w Do NOT us TO TO	usual oc vork done di e retired.) yed	CUPATION TO THE COURT OF THE CO	ON est of working	ng	16b. KINE	None	NESS/INDUS	TRY	
MO	17. FATHER'S NAME (First, Middle, Last)			_			ts. MOT	NER'S NAI	ME (First, Middle	, Malden S	urname)		
BE C	Theodore Davis								Morri				1.0
10	t9e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	and Number	or Rural F	Route Number, Ci	ity or Town,	State, Zip Co	ode)	
-	Diane Buckner			134	R St	., 1	N.W.	Wash	.D.C.	2000	2		
	20e. METNOD OF DISPOSITION 11X Burlel 2- Cremetion 3 - Re 4 Dogation 6 - Other (Specify)	moval from State	of cemetary, Harmo			lann			3/15		ndo ve		
	21. SIGNATURE OF FUNERAL SERVICE	ÚCENSEE	/		22. R	AME A	ND ADDRE	SS OF FAC	outy Joh	nson	& Je	nkin	s Inc.
	23. PART I. Enter the diseeses, o	complications the	t several the dec	th Do									Approximate
	ahock, or heert fellure IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	e. Liet only one cet	ise on each line. $SSIVE$										Interval Between Onset end Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkieted events resulting in deeth) LAST	b	(OR AS A CONSEO	UENCE OF	ግ ፡								
EDICAL O	PART II. Other significent condition	one contributing to	deeth but not re	euiting i	n the un	deriyin	g ceuee	given in		WAS AN A PERFORM	AED?	AM CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE
2									_ '`	J 163 2			DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			_		26 P	LACE OF I	EATN (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER	t			6 Other (Spi	noth d	-		
PHYSICIAN:	27. MANNER OF DEATH t Natural 5 Pending	200. DATE OF	INJURY	26b. TIM	_	28c. IN.	JURY AT ORK? YES 2 [26d. DESCRIE		JURY OCCU	REO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	200. PLACE (OF INJURY — At hor, etc. (Specify)	me, farm, s	street, facto	ory, offic	00		20f. LOCATION City or Tox		nd Number or	Rural Rout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) t CERTIFYING PHY One) 2 MEDICAL EXAMI	/SICIAN: To the best o											nd menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CHITTIP	IER 2					29c. LIC	ENSE NUE	MBER 057		29d, DATE S	HIGNEO (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON OF C.A. JUDGE, M	0	PRINCE			CK,	MARY		206	78			•
	3t. DATE FILED (Month, Day, Year)		AR'S SIGNATURE							-			
	MAR 19 '91	gui	T Krow I alony	1-16-									



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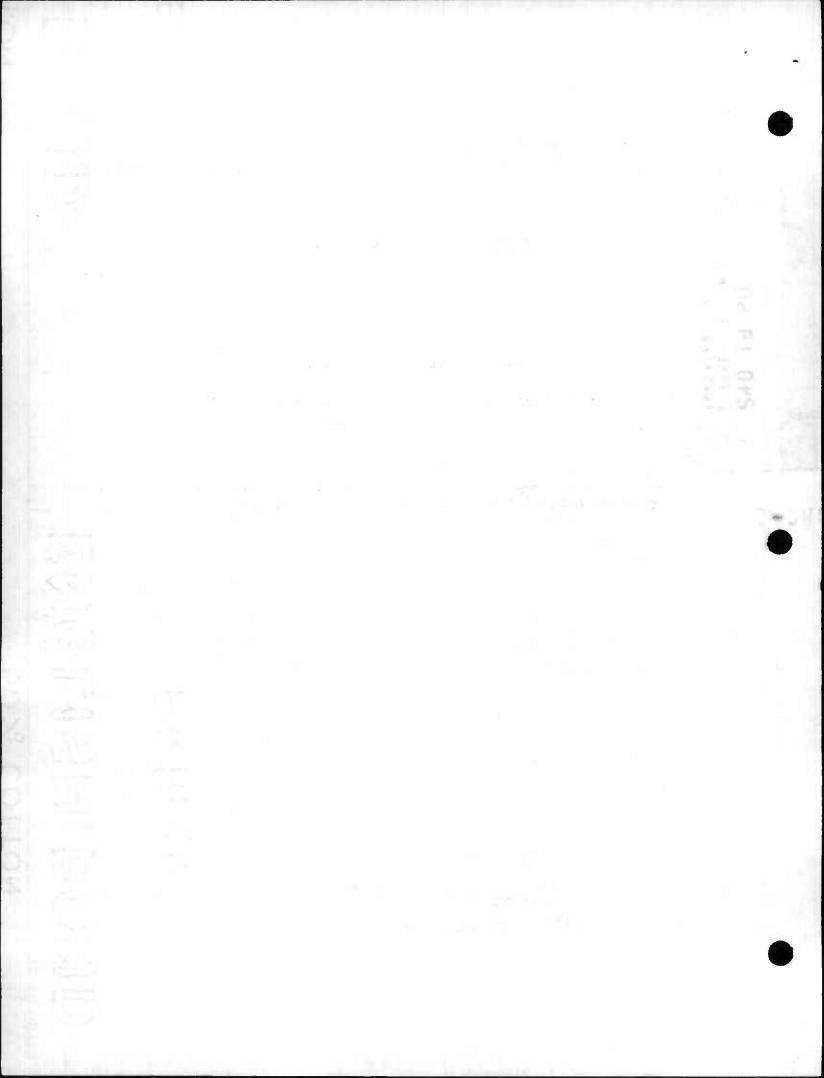
_	· (k"	1. DECEDENT'S NAME (First, Middle, Last) CROWN LOSSIE		BRO		REG. NO 2. DATE OF DEATH MONTH D.	AY YEAR	3. TIME OF DEATH
(P)			E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 23		RTHPLACE (State or Foreign unitry)
2, 3	CTOR	9a. FACILITY NAME (# not institution, give street and number) SUBURBAN HOSPITAL			on Location of De	aryland	9c. COUNTY OF	gomery
t. Pages 1,	DIRECT	10a. STATE 10b. COUNTY		ry, TOWN OR LOCAT	on, D.	C.		10d. INSIDE CITY LIMITS? 1∑∑∑ 2 □ NO
an. ransit permit.	FUNERAL	1112 3rd Street, N. E.	_		2000E		U.	
03-3146 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE	S 2 2 00	If yes, sp		NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	S	ACE — American Indian, lack, Whita, atc. pecify: 1ack
212	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade	16a. DECEDENT' (Give kind of life. Do NOT House!	S USUAL OCCUPATION work done during mouse retired.)	ON ost of working		te Ind	
by the hospital by the detached to	E COMP	17. FATHER'S NAME (First, Middle, Last) Thomas Suber	Thouse	teeper	18. MOTHER'S NA Lillia	WE (First, Middle, Maider		
E, MARYL. ay be retained by page 5 should be be notified at	TO B	Russell B. Boozer, Son		Gates	head Ma			r Spring, Mo
ALTIMORI death. Page 6 m t funeral director, d.		1 Removal from State	Fort Lin	coln C	emetery	Br	entwoo nnedy	d, Maryland Street, N.V shington, D
within 2.2 tours after the special of the second of remover tent, the medical		23. PART I I there the diseases, or completations that cause of shock, or heart feliure. Lies only one cause of immediate CAUSE (Final disease or condition resulting in death) OUE TO (OR A	n each line.	rrest	ode of dying, suc	ch as cardiac or resp	piratory errest,	Approximate Interval Batween Onset and Death
BOX 131, ficate be execute physician and come prior to burian her traumatic	ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE		tiction	•		6 days
S, P.O. the death certi the attending I Mental Hygie njury, or off	CER	PART II. Other significant conditions contributing to deat	h but not resultin	in the underlying	ng cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINOINGS
RECORD requires that the sen signed by of Health and the shows any is	: MEDICAL	Aortic menrysm r		3/8/9		PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5 f a a 5	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF OEATH (C			
PHYSIC this ce with th	BY PHYS	1 VES 2 NO 1 N Inpetient 2 ERM 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation	RY 28b. T	IME OF 28c. IN	IJURY AT YORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	O
ISIO TTENDI TTEN	TEO		URY — At home, fem Specify)	n, street, factory, off	lce	261. LOCATION (Stree City or Town, State	t and Number or Ri le)	ural Route Number,
S S S S S S S S S S S S S S S S S S S	COMPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my k one) MEDICAL EXAMINER: On the best of axamin						use(a) and menner as stated.
TO THE HOSPITAL OF TO THE FUNERAL OF De filed within 72 hi	TO BE C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (A	MD	D 28	780	29d. DATE SIG	INED (Month, Oay, Year)
10)		8218 Wisconsin A	ve. #2	04 K	Bethese	(M)	208	14
		31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	SOUND SOUND	Prode 88_				



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BA	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	3W
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1 - STATE REGISTRAR	OTHE OF MA	RYLAND / DEPAR CERTIF		HEALIH AND I	MENTAL HYGIEN REG. NO		91 09644
1. DECEDENT'S NAME (First, Middle, Lest) EDITH 7. BITTNE	R				2. DATE OF DEATH	2 8 19	3. TIME OF DEATH 6:29 a.m
4. SOCIAL SECURITY NUMBER 216-14-5005		AGE (In yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) Oct. 9, 1		8. BIRTHPLACE (State or Foreign Country) Maryland
98. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN				ORE CITY	ATH		TY OF OEATH IMORE CITY
THE JOHNS HOPKIN RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland	v Cecil	10c. CT	Port	CATION Deposit			10d. INSIDE CITY LIMITS? 1 VES 2 NO
10e. STREET AND NUMBER 216 North Main St	reet			101. ZIP CODE 2190	14	10g. CITIZ	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Oivorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 X YO	If yes,	DECENDENT OF HISPAN apacity Cuban, Mexica (ES XX NO Specify	n, Puerto Ricen, etc.)	s or No—	14. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12) Ten Years	JCATION e completed) College (1-4 or 5 +)		work done during ise retired.)	TION most of working Employee		Resta	ustry aurant , Maryland
17. FATHER'S NAME (First, Middle, Lest) Chester S. Ja 19e. INFORMANT'S NAME (Type/Print)	ackson	19b. MAILING	ADDRESS (Stre	18. MOTHER'S NA Fran		Murphy	
Amy M. Lipka		PC	rt Dep	osit, Mary	land 219	04	
20s. METHOD OF DISPOSITION XX Buris! 2	noval from Stats	of cemetary, cremator Brookview	y or other place)		1		Sun, Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Patters	2	Lee	AND ADDRESS OF FA	rson & So.	n Fune	eral Home
23. PART I. Entar tha diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse	c shock					Interval Between Onset and Dea 8 hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Ventilate	R AS A CONSEQUENCE COMPLETED	of): Cl, g	lobal mo	tor weak		
PART II. Other algolificant condition	na contributing to de	eath but not resulting	In the underi	ying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					1 🗆 YES	2 (2)10	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 □ DOA	OTHER:	L PLACE OF DEATH (Ch	eck anly one)		
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	IJURY 28b. TII IN	OTHER: 4 Nursing ME OF JURY M 1	Home 5 Residence INJURY AT WORK? YES 2 NO	eck only one) 6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Siree	INJURY OCC	1 □ YES 2 M NO
EXAMINER? 1	28a. DATE OF IN (Month, Day. 28a. PLACE OF I building, atc.	JURY Year) 28b. Til INJURY — At home, farm, c. (Specify)	OTHER: 4 Nursing ME OF 28c. UURY M 1 street, factory,	fome 5 Residence INJURY AT WORK? YES 2 NO	eck only one) 6 Other (Specify) 28d. DE\$CRIBE HOW 281. LOCATION (Stree-City or Yown, State	INJURY OCC	1 VES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 2 Accident 6 Could not be determined 29s. CERTIFIER (Check only)	1 M Inpatient 2 E E 28a. DATE OF IN (Month, Day. 28a. PLACE OF I building, atc. SICIAN: To the best of mm IER: On the bests of sxar.	JURY Year) 28b. Til ik INJURY — At home, farm, c. (Specify) y knowledge, death occur	OTHER: 4 Nursing ME OF 28c. IJURY M 1 street, factory, of the time,	tome 5 Residence INJURY AT WORK? YES 2 NO office	eck only one) 6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Stree-City or Town, State) to the cause(s) and me time, data and place, a	and Number of the state of the	1 VES 2 NO
EXAMINER? 1	1 No Inpatient 2 E E 28a. DATE OF IN (Month, Day. 28a. PLACE OF I building, atc	JURY Year) 28b. Till NJURY — At home, farm, c. (Specify) y knowledge, death occur mination and/or investigat Surgan Res	OTHER: 4 Nursing ME OF 28c. IJURY M 1 street, factory, of the time,	fome 5 Residence INJURY AT WORK? YES 2 NO office date and place, and due n, death occured at the	eck only one) 6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Stree-City or Town, Staff to the cause(s) and me time, data and place, a	and Number of the state of the	1 VES 2 NO CURED or Rural Route Number, ed. e cause(s) and manner as stated.





HOSPITAL OR ATTENDING PHYSICIAN: The

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DIRECTOR: After the hours after death

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	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal		shows any injury, or other traumatic event, the medical examiner must be notified at once.
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91 09645 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRANK 415 M 8. BIRTHPLACE (State or Foreign 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. XX M 2 D F YRS. 215--09--8924 90 MAR 1901 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION HOSPITAL ELKTON CECIL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO MARYLAND CECIL CHESAPEAKE CITY 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a STREET AND NUMBER 101, ZIP CODE BIDDLE STREET 21915 IISA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 □ YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Ma Specify: WHITE 3 Widowed 4 Divorced BY 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET UNKNOWN CARPENTER CARPENTERY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK BOWE NOT_KNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WOODFORD E. BOWE BIDDLE STREET CHESAPEAKE CITY 20b. PLACE OF DISPOSITION (Name of cometery, crematory or METHOD OF DISPOSITION
Burlal 2 Cremation 3 Rec 20c. LOCATION - City or Town, State BETHEL □ Donation 6 □ Other (Specify) CEMETERY 3--27--91 CHESAPEAKE CITY MI 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY R.T. FOARD FUNERAL HOME CHESAPEAKE CITY 23. PART I. Enter the diseases or complications that caused the death. Do not enter tha mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) rebrovascul DUE TO (OR AS A CONSEQUENCE OF): DUE TO OR AS A CONSEQUÊNCE OF): ma CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL MAILABLE PRIOR TO PLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL 1 | YES 2 | NO etient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Ai home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide -COMPLETED 6 Could not be 28 4 Homicide Tem 29a. CERTIFIER

(Check only

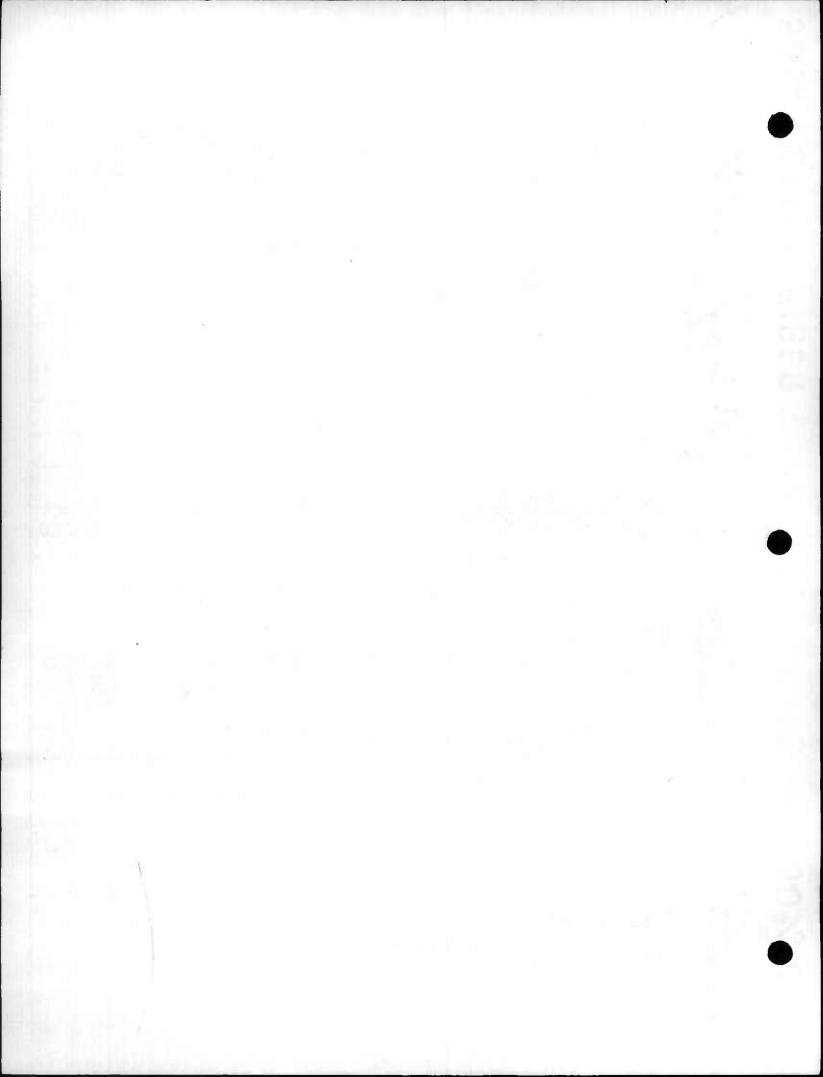
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occur 296. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Morith, Day, Year) 29c, LICENSE NUMBER BE

OMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

his Davidson Rondall

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DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month of the death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be falled within 75 thous after death with the State Dept. of Health and Merital Hygines prior to burial, remained, or removal, or removal. Health The most and the most process and inliery, or other traumatic event, the medical examiner must be notified at once.	
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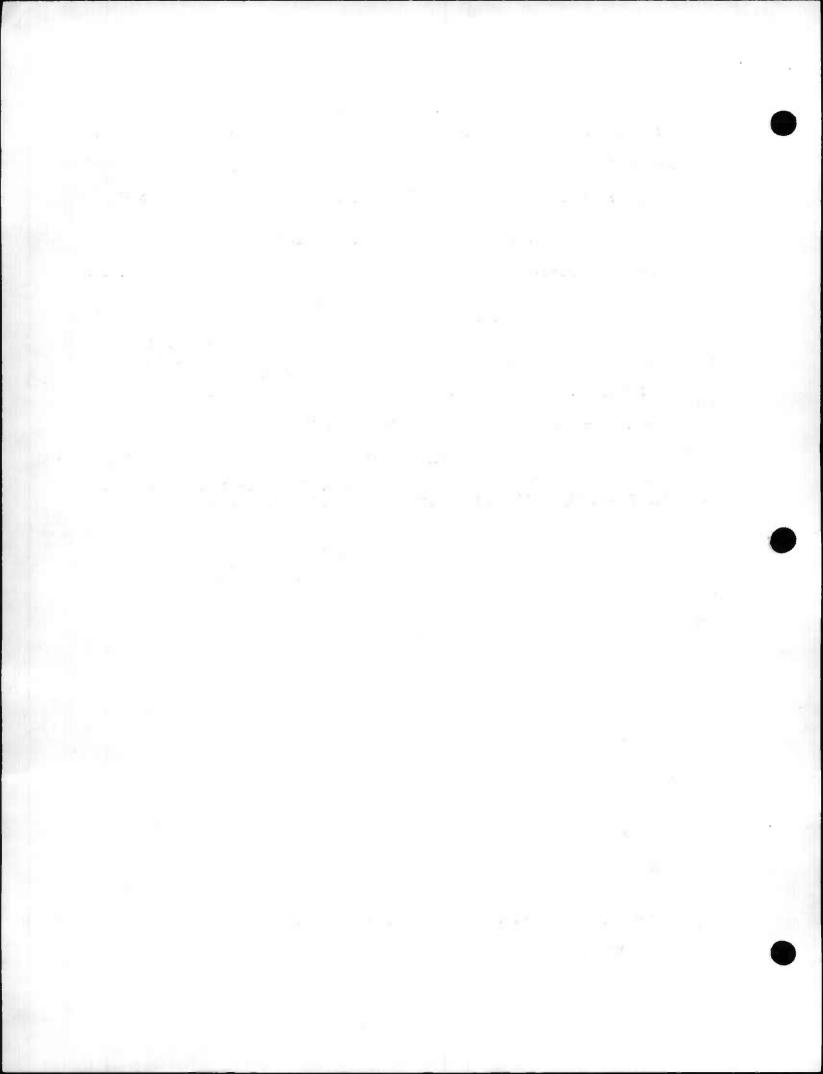
TO BE COMPLETED BY FUNERAL DIRECTOR

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91
(1)		2. DATE OF DEATH	

REGISTRAR	STATE OF MANTLA		ATE OF DEATH	MENTAL HYGIENI REG. NO.									
1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH							
Clifton M. Blac	ckburn. Jr.			March 27	199	AR .							
		yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign							
The state of the s	I Ø M 2 □ F 76		NTHS DAYS HOURS MIN.	(Month, Day, Year)	C	ountry)							
9a. FACILITY NAME (If not institution, give stree	21 /0		CITY, TOWN OR LOCATION OF	Feb. 10,1	9£. COUNTY O	Maryland							
Residence: 58 Nort	n Main Stre	et	Port Deposi	t	Ce	ecil							
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY							
Maryland	Cecil			4-		LIMITS?							
10e. STREET AND NUMBER	CECII		Port Deposi	L	40- CITITEN	OF WHAT COUNTRY?							
					ing. Citizen								
58 North Main Stre				904		U.S.A.							
1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? XX YES	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi-		or No- 14. I	RACE American Indian, Black, White, etc.							
3.XXWidowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES 2 NO Spec	othy:		Specify White							
15. DECEDENT'S EDUCAT	W.W. I	16a. DECEDENT'S USI	IAL OCCUPATION	16b. KIND OF BUS	INTERCUNDUCTI								
(Specify only highest grade co.	impleted)	(Give kind of work	done during most of working	Wiley M									
	College (1-4 or 5+)		3.4	1		Maryland							
Twelve Years		Welde				Maryrand							
17. FATHER'S NAME (First, Middle, Lest)	21-1		16. MOTHER'S P	IAME (First, Middle, Maiden									
Clifton M. Bl	ackburn, Sr	•		Annie V. L	ynch								
19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street and Number or Run	Il Route Number, City or Town	, State, Zip Code	1)							
Mary V. Blackburn	1	Po	rt Deposit, Ma	aryland 2	1904								
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITION Other place)	ON (Name of cemetery, crematory o	20c. LO	CATION — City	or Town, State							
1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata		Cemetery	Por	t Depos	sit, Maryland							
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AND ADDRESS OF										
Ah. To b)		Lee A. Patte	erson & Son	Funera	al Home							
1-11 aprilu	attFlank	O.O.	Perruville.	Maruland	21903								
23. PART I. Enter the diseases, or cor ahock, or heart fellure. Lie			antar the mode of dying, so	ich ee cerdlec or reepl	ratory errest,	Approximate Interval Between							
IMMEDIATE CAUSE (Finel	A /	- /	2			Onset end Deeth							
disease or condition resulting in death)	Cardy	our 6	cheed										
a.	DUE TO (OR AS A	CONSEQUENCE OF):	1/	No									
	WITHIR	alisata	ic Haw	Disco	20								
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEGUENCE OF):											
cause. Enter UNDERLYING													
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				CAUSE (Disease or Injury C.							
resulting in death) LAST													
. Thorning in Gently Exist													
d.													
PART II. Other eignificent conditions	contributing to death bu	it not resulting in t	he underlying ceuse given			24b. WERE AUTOPSY FINDINGS							
d.	contributing to death bu	it not resulting in t	he underlying ceuse given	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE							
d.	contributing to death bu	rt not resulting in 1	he underlying ceuse given		MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
d.	contributing to death bu	it not resulting in 1	he underlying ceuse given	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE							
PART II. Other eignificent conditions	contributing to death bu	rt not resulting in 1		PERFOF	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	28. PLACE OF OEATH (PERFOF 1 VES 2 Check only one)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
DART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 以 YES 秋文NO	NOSPITAL: □ Inpatient 2 □ ER/Outpu	ations 3 DOA 4	26. PLACE OF GEATH (THER: □ Nursing Home 5X∑Xealdence	PERFOF 1 YES 2 Check only one) 5 Other (Specify)	XXNO MEDS.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
DART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 □ YES ※XNO 27. MANNER OF DEATH	HOSPITAL:	10	26. PLACE OF GEATH (THER: Nursing Home SX Needdeno F 28c. INJURY AT WORK?	PERFOF 1 VES 2 Check only one)	XXNO MEDS.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XXNO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: □ Inperient 2 □ ER/Output 28a. DATE OF INJURY	ntient 3 DOA 4	26. PLACE OF OEATH (THER: □ Nursing Home \$\footnote{\text{N}}\text{Residence} F 28c. INJURY AT	PERFOF 1 YES 2 Check only one) 5 Other (Specify)	XXNO MEDS.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	HOSPITAL: □ Inperient 2 □ ER/Output 28a. DATE OF INJURY	ationt 3 DOA 4 28b. TIME 0 INJURY	26. PLACE OF OEATH (THER: Nursing Home 5X Residence F 26c. INJURY AT WORK? M 1 YES 2 NO	Check only one) 6 5 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: Inpetient 2 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	ationt 3 DOA 4 28b. TIME 0 INJURY	26. PLACE OF OEATH (THER: Nursing Home 5X Residence F 26c. INJURY AT WORK? M 1 YES 2 NO	Check only one) 5 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: Inpetient 2 ER/Outpi 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	28b. TIME 0 INJURY At home, farm, stre-	28. PLACE OF OEATH (THER: Nursing Home \$\infty\	Check only one) e 5 □ Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XIX NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: Inperient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	atient 3 DOA 4 28b. TIME 0 INJUR — At home, farm, stra-	26. PLACE OF GEATH / THER: Nursing Home \$\infty \text{Norsing AT WORK?} M 1 YES 2 NO et, factory, office	Check only one) 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Note of the Number,							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: Inperient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	atient 3 DOA 4 28b. TIME 0 INJUR — At home, farm, stra-	26. PLACE OF OEATH (THER: Nursing Home SXRealdence F 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the time, data end place, and do in my opinion, death occured at the	Check only one) a 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Was Route Number, use(a) and menner as stated.							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: Inperient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	atient 3 DOA 4 28b. TIME 0 INJUR — At home, farm, stra-	26. PLACE OF GEATH / THER: Nursing Home \$\infty \text{Norsing AT WORK?} M 1 YES 2 NO et, factory, office	Check only one) a 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Note of the Number,							
25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Inputient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination of the basis of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis	atient 3 DOA 4 28b. TIME 0 INJUR At home, farm, stre- fly) and/or investigation, i	26. PLACE OF OEATH (THER: Nursing Home SX Realdence For 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office at the time, deta end place, and deta my opinion, death occurred at t 29c. LICENSE N	Check only one) a 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Was Route Number, use(a) and menner as stated.							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: Inputient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination of the basis of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis of axamination of the basis	atient 3 DOA 4 28b. TIME 0 INJUR At home, farm, stre- fly) and/or investigation, i	26. PLACE OF OEATH (THER: Nursing Home SX Realdence For 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office at the time, deta end place, and deta my opinion, death occurred at t 29c. LICENSE N	Check only one) a 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCURE and Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Was Route Number, use(a) and menner as stated.							
25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Inperient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	atient 3 DOA 4 28b. TIME 0 INJUR At home, farm, stra- in) and/or investigation, in ATH (ITEM 27) (Type, Pri	28. PLACE OF OEATH / THER: Nursing Home \$\times \times heck only one) 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) Thus to the cause(a) and me the time, data and place, and sumber in the cause of the c	NJURY OCCURE and Number or R noer as stated. id due to the ca	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO No Indian Number, No Indian								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XXNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: Inperient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	atient 3 DOA 4 28b. TIME 0 HNJUR At home, farm, streny) adde, death occurred a and/or investigation, in the control of the	28. PLACE OF OEATH / THER: Nursing Home \$\times \times heck only one) 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) Thus to the cause(a) and me the time, data and place, and sumber in the cause of the c	NJURY OCCURE and Number or R noer as stated. id due to the ca	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO No Indian Number, No Indian								

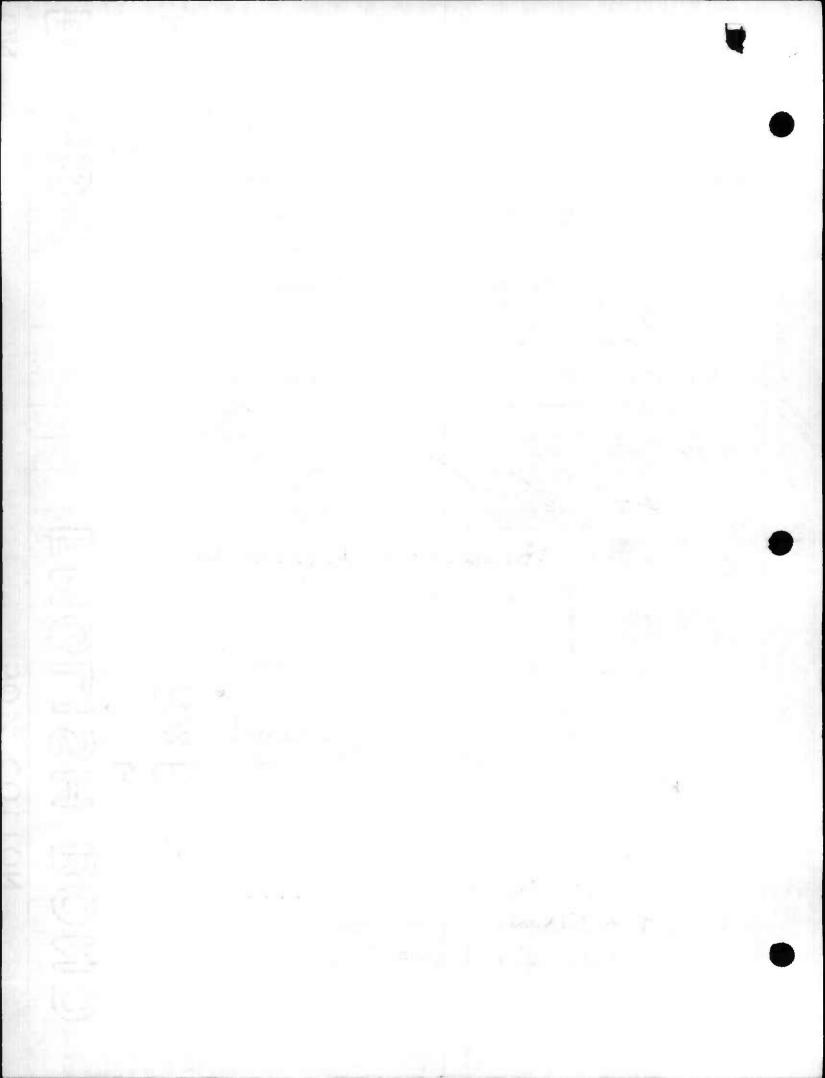
8 +1 VA gratio

DHMH-18 Rev 1/89



1 - STATE	STATE OF M	ARYLAND / DEPAR				E			
REGISTRAR 1. DECEDENT'S NAME (First, Mid WADE	BARRETT	BLOOD	CATE OF	DEATH	2. DATE OF OBATH	9 1 ^{YEAR}	3. TIME OF OEATH 8:55 A		
4. SOCIAL SECURITY NUMBER NONE	XX M 2 D F	6. AGE (In yrs. last birthday) 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		989 D	ELAWARE		
98. FACILITY NAME (If not institute UNION HOSPIT	AL		9b. CITY, TOWN ELKTON	OR LOCATION OF DE	EATH	9c. COUNTY OF CECIL			
	CECIL			TION KE CITY 1. ZIP CODE	7	10g. CITIZEN OF	10d. INSIDE CITY LIMITS? YES 2 NO WHAT COUNTRY?		
108 THIRD ST 11. MARITAL STATUS 15 Never Merried 2 Mer 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. ARMED YES XIXNO R OR DATES	If yee, s		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc.		
		(Give kind of w							
DEAN BLOOT 190. INFORMANT'S NAME (Type/I	WORTH	19b. MAILING	ADDRESS (Street	MARY	ME (First, Middle, Melden DESPER Route Number, City or Tow				
DEAN BLOODW 20e, METHOD OF DISPOSITION 12 Burlel 2 Cremetion 4 Donation 5 Other (Spi 21. SIGNATURE OF FUNERAL SE	3 Removal from State	20b. PLACE AND OATE of cemetary scrematory BETHEL	or oisposition or other place) CEMETE	RY 3-	27-91 CH	ESAPEAI	Town, State		
disease or condition as a consequence of: Sequentially list conditions,									
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PART II. Other aignificant	in ths underlyi	ng ceuse given in	Part I, 24a. WAS AN PERFO	RMED?	No. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 DECYES 2 \(\text{INO} \) NO				
25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one) OTHER:						
27. MANNER OF DEATH 1 Netural 5 Pen	Netural 5 Pending (Month, Day, Year) IN			4 Nursing Home 5 Residence 8 Other (Spe			try) HOW INJURY OCCURED		
3 Suicide 8 Cou 4 Homicide dete	28e. PLACE Of building, ormined	FINJURY — At home, farm, setc. (Specify)	m, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State)						
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 DEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.									
(Check only	EXAMINER: On the basic of ex		29c. LICENSE NUMBER 0, C, M, E. 29d. DATE SIGNED (Month,						
(Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE OF	PERTIFIED OX	E OF DEATH STEM 273 /500	Print)			03/26/	ED (Month, Day, Year)		
(Check only one) 2 PREDICAL	ERSON WHO COMPLETED CAUS			O.C.M		№03/26/	ED (Month, Day, Year)		





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c.e., nours after death. Page 6 may be retained by the hospital or attending physician. TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pla be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Morth, Day, Year)

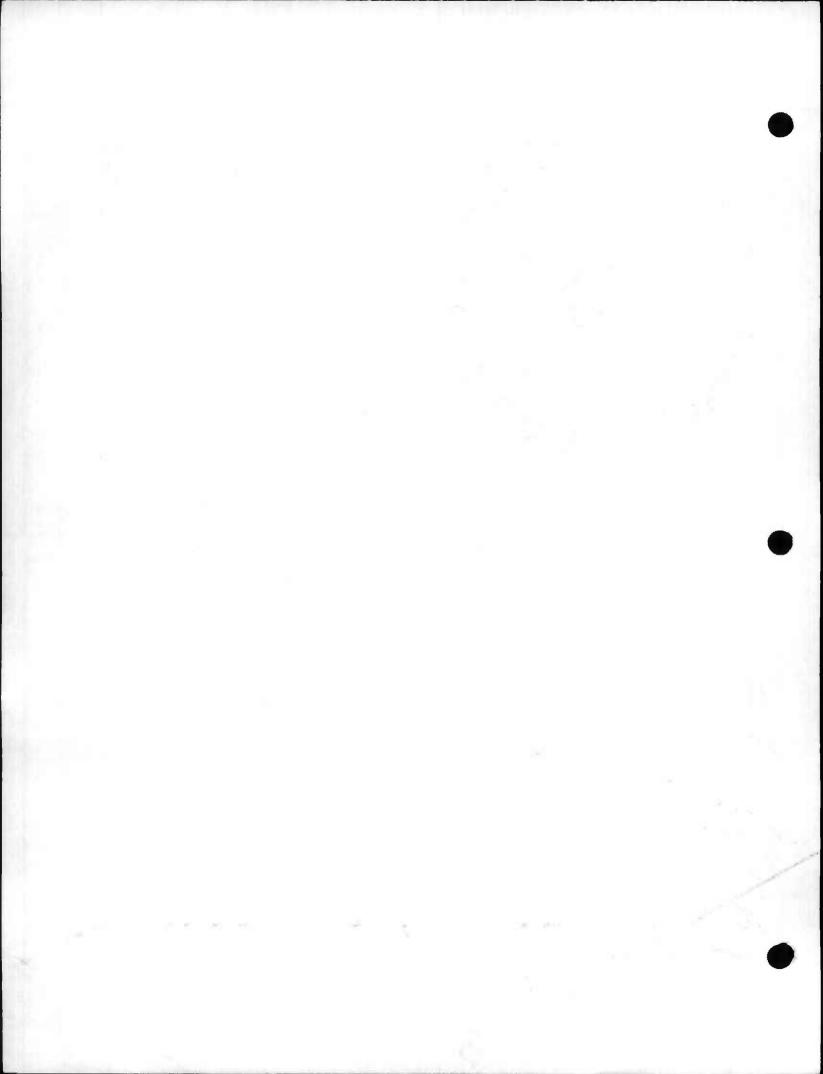
APR 1 - '91

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

	1 - REGISTRAR	STATE OF MAR	CER	EPARTMEN TIFICAT					REG. NO.			TIME OF DEATH	
	ET. A	Edna Marie	e Britt					MONTH 03	28		YEAR	718 "	
1		/*	AGE (In yrs. last bir	rthday) IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF			. BIRTHPLA	CE (State or Foreign	
	130-24-3323	1 M 2 F	89	YRS.				Aug.	17,		Ohio		
~	9a. FACILITY NAME (If not institution, give street					R LOCATIO	ON OF DE	ATH			Y OF DEATH		
6	Suburban Hospital			B	ethe	sda				Mor	ntgome	ery	
DIRECTOR	10a. STATE 10b. COUNTY		- 1	IOc. CITY, TOWN							10d	. INSIDE CITY LIMITS?	
		gomery		Chev								YES 2 NO	
FUNERAL	4800 Chevy Chase	Drive			101	208				10g. CITIZI	EN OF WHAT	COUNTRY?	
릭		12. WAS DECEDENT EV		D 13	WAS DEC			IIC ORIGIN?	(Specify Yee o	or No—	USA 4. RACE —	Americen Indien, nite, etc.	
BY FL	1 Never Merried 2 Married 3 XWidowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR				2 [2] NO		n, Puerio Alc ⁄:	ean, atc.)			White	
	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION	16a. DECE	DENT'S USUAL (OCCUPATION TO	ON at of workin	va	16b. K	IND OF BUSI	NESS/INDU	STRY		
COMPLETED		College (1-4 or 5+)		kind of work done NOT use retired.)	or o, worth			. **				
MP	17. FATHER'S NAME (First, Middle, Last)		Hom	emaker		40 14077	JEDIO MAI	ARE /Class Add	Own H				
	John Werner							nie Fr		urnamej			
BE	19e. INFORMANT'S NAME (Type/Print)		19b, k	MAILING ADDRES	SS (Street a					State, Zip (tate, Zip Code)		
2	Richard C. Savil	le.	48	00 Cher	y Ch	ıase	Dr.,	Chev	y Cha	se, M	D 20	815	
	20a_METHOD OF DISPOSITION 1	rai from State	20b. PLACE OF Other piece Arlin	gton Na	eme of ce	netery, cren	natory or emet	erv			ily or Town,		
- 33	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE							ns, I				
	Michael	& M	- 1 -								oton.	DC 20016	
	23. PART I. Enter the diseeses, or co											Approximete	
	IMMEDIATE CAUSE (Final	t only one cause on eech line.								Interval Between Onset and Death			
	disease or condition resulting in desth) a.		les B		200	, "	7	pri	ure	-			
		DUE TO (OF	AS A CONSEQUE			ے جے ج	77	15 W	20				
ON	Sequenticity list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Page 100 Due TO (OR AS A CONSEQUENCE OF): Page 200 Page												
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			Qu	Im	·	~	2	معك	-00			
ERTIFICATION	that initiated events resulting in desth) LAST	DUE TO (OF	R AS A CONSEQUE	ENCE OF):			1	parties.				da .	
CER	d.												
	PART II. Other algorificent conditions	contributing to de	eth but not res	sulting in the	ınderiyin	g ceuse	given in	Part I.	24a. WAS AN / PERFORI			RE AUTOPSY FINDINGS	
MEDICAL):								t YES 2	KIKNO		MPLETION DF CAUSE DEATH?	
								_			11	YES 2 NO	
ZS. WAS CASE REFERRED TO MEDICAL 26. PLACE OF								neck only one	1				
SIC	EXAMINER?	HOSPITAL:	R/Outpetlent 3	DOA A I N	ER:			8 Other					
PHYSICIAN:	27. MANNEB OF DEATH	28c. IN	JURY AT		_	CRIBE HOW IN	JURY OCC	URED					
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INJURY M		YES 2 [] NO						
ED	3 Suicide 8 Could not be	28e. PLACE OF II building, etc	NJURY — At home L (Specify)	e, farm, street, fo	ictory, offi	ry, office 28f. LOCATION (Street and Number or Rural Route Nu City or Town, State)			e Number,				
	20a CERTIFIER												
COMPLET	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my										nd manner on stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER			- Jonganon, m m	, opinion,		ENSE NU		prace, and			onth, Day, Year)	
BE	The distriction of the designation Sand		200				350	16	▶ S	3-2	7-91		
5	30, NAME AND ADDRESS OF PERSON WHO	COMBLETED CAUSE	OF DEATH (ITEM	27) (Sma Print)		1			, ,				

	DUE TO (OH AS A CONS	EUDENCE UF):			1	
	chr	SINC	00877	sort is		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	BEOUENCE OF):	Inam	Disease		
that initiated events resulting in desth) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):				
PART II. Other algorificent condition	na contributing to deeth but no	t resulting in the	underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL:	3 DOA 4 N	ER: lursing Home 5 - Residence	8 Other (Specify)		
27. MANNEB OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCC	URED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, f	28f. LOCATION (Street end Number City or Town, State)	OCATION (Street and Number or Rural Route Number, ity or Town, State)		
(Crieck only >				ue to the cause(e) end manner as state		

38. HEALETRAR'S SIGNATURE
JUNE DAVIDSON RANGER



for use as the burial-transit permit. Pages

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHY

1 Nettifal
2 Accident
3 Suicide

4 Homicide

										9	0	9649
	FOR STATE REGISTRAR	STATE OF N		DEPAR					MENTAL HYGIEN REG. NO.	E		
34	1. DECEDENT'S NAME (First, Middle, Last)					184			2. DATE OF DEATH	IV.	. YEAR	3. TIME OF DEATN
	Susie K. BROOKS	3							MARCH 31		1991	2:40 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	est birthdey)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
- 77	578-28-7181	1 □ M 2 🔀 F	86	YRS.	WONTHS	DAYS	HOURS	MIN.	6-28-04		Ma	ryland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	R LOCATI	ON OF DE	ATH	9c. COL	JNTY OF D	EATH
S.	DOCTORS COMMUNITY	HOSPITAL				LAN	HAM			PRI	NCE C	GEORGE
ठ	RESIDENCE OF DECEDENT			7								
DIRECTOR	Maryland 106. COUNTY	rince G	Seorge		Co1		e P	ark				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP COD	E		10g. Cf1	TIZEN OF V	VHAT COUNTRY?
ER	8195 51st Avenu	ie						2074	10		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		- 1	If yes, sp	ecity Cubi		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	14. RACE Black Speci	- American Indian, c, White, atc. ny: Black
8	15. DECEDENT'S EDU (Specify only highest grade		16a. D	DECEDENT'S	USUAL O	CCUPATIO	ON and associate		16b. KIND OF BUS	SINESS/IN	OUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+		Ma. Do NOT L	sewi		at or work	ny				
	17. FATHER'S NAME (First, Middle, Last) Andrew Hill 18. MOTHE								ME (First, Middle, Maiden Letha Fal			
TO BE	198. INFORMANT'S NAME (Type/Print) Geneva Ross (Daughter) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20705 11619 Old Baltimore Pike, Beltsville, MD											
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campillary Of Place) Company of the place of Campillary Of Place of Campillary Of Campillary Of Place of Campillary Of Camp											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850											
	23. PART I. Enter the desses, or shock, or bear failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau		ulmon	not snta nary	r the mo	de of dy	lng, suc			rrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): EXPLAINATION DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DU											
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	s cler				_				AUTOPSY	-	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	500 harmania an	3 🗆 004	OTHE	R:		-0 m	neck only one)			
175	27, MANNER OF DEATH	28e. DATE OF		28b, TI			URY AT	eardence	8 Other (Specify) 28d. OESCRIBE NOW	INJURY O	CCUREO	
Y P	1 Nettifal 5 Pending	(Month, D		Al .	JURY	W	YES 2	□ NO	230. SEQUINDE NOW		- DOLLEY	

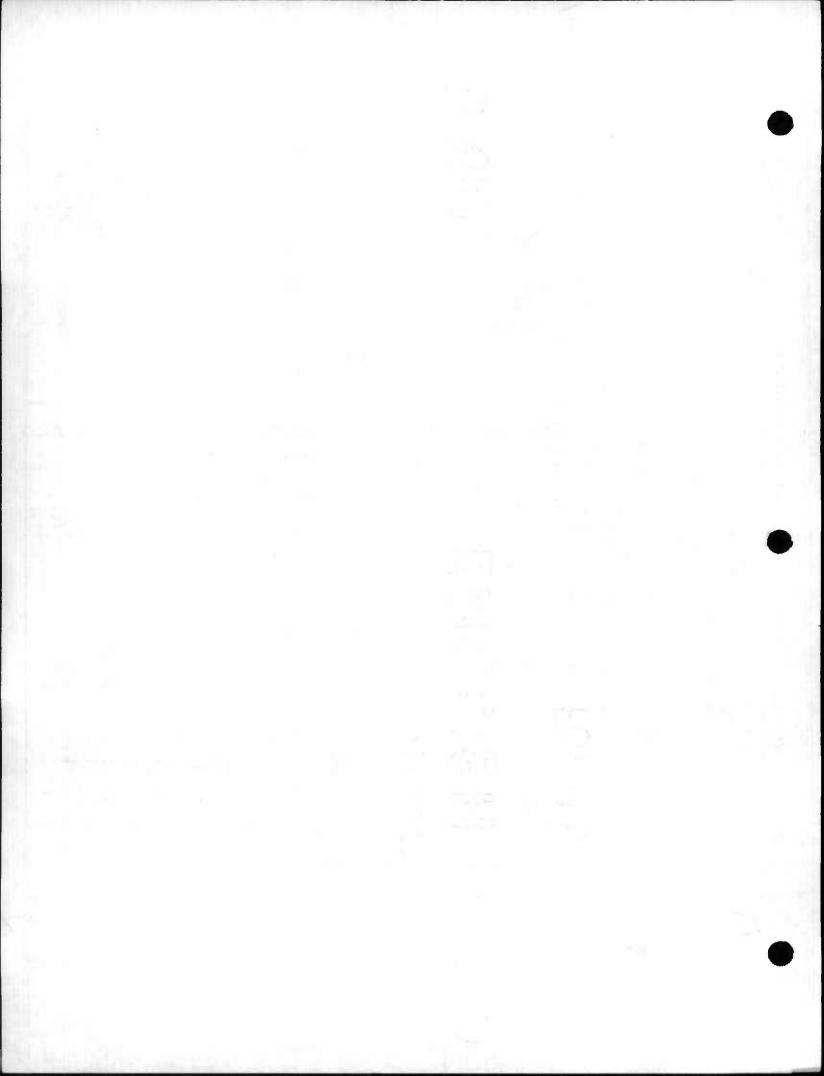
28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

	<u> </u>			
29b. SIGNATURE AND TITLE OF CERTIFIER	200	M.D.	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

G.M. DIN,	4.D. 65/0
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE GUKA DAVIASON Mandak

Julia Davidson Pandall



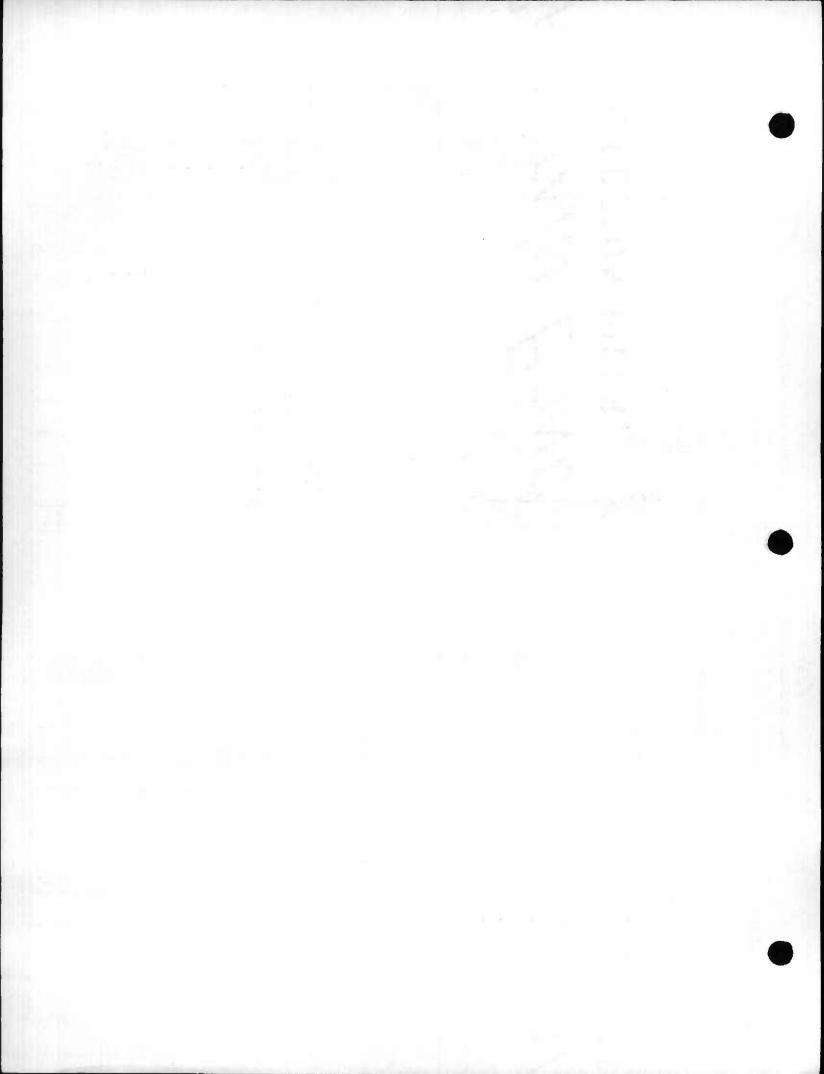
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF OEATH			3. TIME OF DEATH
Patty		М.			Bowm	an			Marc	h 29,04	1991	YEAR	1:20 AM M
4. SOCIAL SECURITY NUME	BER	6. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH , Day, Year)		8. BIRTI	HPLACE (State or Foreign
218-12-0555		1 M 2 XXF	84	YRS.	MONTHS	DAYS	HOURS	MIN.		27, 1	906		yland
9a. FACILITY NAME (If not in					9b. CITY	TOWN	OR LOCATIO	ON OF O	EATH		9c. COU	NTY OF E	DEATH
Rockville		g Home				Roc	kvil.	le			М	ontg	omery
RESIDENCE OF DEC	10b, COUNTY	7		10c CIT	Y, TOWH C	DR LOCA	TION						10d, INSIDE CITY
Maryland		tgomery			Kens								LIMITS?
10s. STREET AND NUMBER						10	1. ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY?
10002 Ce	dar La	ne						2089	95			U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.	S. ARMED			CENDENT O			? (Specify Yes	or No-	14. RAC	E — American Indian, ik, White, etc.
1 Never Married 2 Never Married 2 Never Marrie		IF YES, GIVE					XX NO			rican, etc.)		Spec	White
	EDENT'S EDU		16	a. DECEDENT'S	USUAL O	CCUPATI	ON	a	16b.	KIND OF BUS	SINESS/INC		
Elementary/Secondary (I		College (1-4 or 5	,	(Give kind of life. Do NOT u.									
12			7	/eterin	ary	Assi	stan	t	V	eterin	ary	Hosp	oital
17. FATHER'S NAME (First, M							16. MOTH	IER'S NA	ME (First, A	Aiddle, Maiden	Surname)		
Clarence		ward		Mullic				ary					ldfield
19a. INFORMANT'S NAME (er, City or Town			
Milton R. M		n	20b. PL	LACE OF DISPO			_	-	ising	ton, M			20895 own, State
MXBurial 2 Crematic 4 Donation 6 Other	(Specify)		oti	cklawn	Memo	rial	Par	k		Roc	kvil	le,	Maryland
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE	2	M00522	RA	ock venu	7111e	Pui Pui , II	iphre	oo we	ral st M	Home	omery 850-2805
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injethst initiated events resulting in death) LAS	tions, dieta	Alzh DUE TO	nic In ORASACO eimer'	DIANIAT DISEQUENCE O	ค: ase ค:								interval Between Onset and Death 3 years many years
PART II. Other significa	ent condition	dns contributing to	death but	not resulting	In the u	nderlylr	ig ceuse (alven In	Part I.	24s. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
										PERFOR			ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	TO MEDICAL					26. P	LACE OF D	EATH (C	hack only or	10)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHE!		ne 5 🗆 Re	aldence	6 🗆 Othe	r (Specify)			
27. MANNER OF OEATH XX Netural 6	Pending	26n. DATE O (Month,	F INJURY Day, Year)	28b. Till		28c. IN	JURY AT ORK? YES 2		_	CRIBE HOW I	NJURY OC	CURED	
2 Accident 3 Suicide 5 4 Homicide	Could not be determined		OF INJURY — , etc. (Specify)	At home, farm,	street, fac	tory, offi	ce			ATION (Street or Town, State)		r or Rural	Route Number,
29a. CERTIFIER XX CER (Check only one) 2 MEC	TIFYING PHYS	ICIAN: To the best of	f my knowled	ge, death occur nd/or investigati	on, in my	time, dat opinion,	e and place death occur	, and du	e to the cau	and place, an	nner as ats	ited. he cause	(s) and menner as stated.
29b. SIGNATURE AND TITLE	ок сентире	# /					29c. LIC	ENSE NU	MBER		29d. DAT	TE SIGNE	O (Month, Day, Year)
James	C Wi	honlows					D2:	3392	2		•	Marc	h 29, 1991
James E. W.				, , , , , ,		lle	Pike	, #1	03. 1	Rockvi	lle.	MD	20852
31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATU	URE									_0002
APR 2 -	'91	Julian	Davidson	-Randell	2								

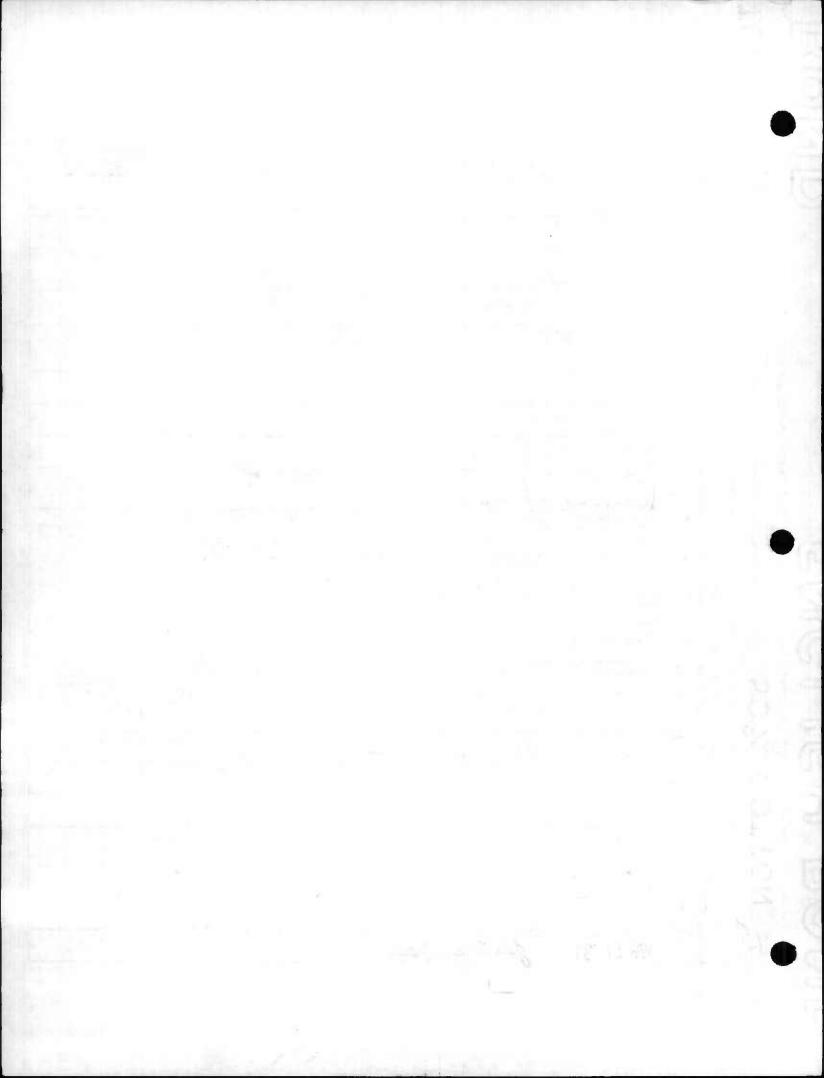
TO BE COMPLETED BY FUNERAL DIRECTOR

MPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle FRANCES	e, Last) (NMI)	RRAIIN		2. DATE OF OEATH	DAY YEA	3. TIME OF DEATH 7:40 D. T.
4. SOCIAL SECURITY NUMBER 086-07-6962 98. FACILITY NAME (If not institution	1□M2₹F 93	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN. TY, TOWN OR LOCATION OF O	7. DATE OF BIRTH (Month, Day, Year)	a	PATHPLACE (State or Foreign punitry) N. Y. N. Y.
Kensington Gar	dens Nursing Ce	enter K	ensington, M		Montg	omery
	COUNTY	10c. CITY, TOW	WASHINGTON,	D.C.		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER	O1 QUEBEC STREET	r nw	101. ZIP CODE 200	08		S.A
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDEN (Specify only higher Elementary/Secondary (0-12)	T'S EOUCATION let grade completed) College (1-4 or 5+)	16a. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire RESEARCH	ne during most of working d.)		U.S.GOV	
17. FATHER'S NAME (First, Middle,			18. MOTHER'S N	AME (First, Middle, Malde		
JULIUS 19a, INFORMANT'S NAME (Type/Pri	BRAUN	19b. MAILING ADDR	ESS (Street and Number or Rural		SO own, State, Zip Code	9)
ALFRED BERGER			N STREET NW			
20s. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 4 Donation 8 Other (Spec	□ Removal from State	bb. PLACE AND DATE OF DI cemetary, crematory or other It Comfort (SPOSITION (Name		OCATION — City	
21, SIGNATURE OF UNERAL SER	VICE LICENSEE	~~	22. NAME AND ADDRESS OF F	305.		SONS INC. C. 2 0016
ahock, or heart in immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	THY.	A CONTRIBUTION OF STATE OF STA	mary C	west	printery arreat,	Approximate interval Betwee Onset and De
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):				
PART II. Other algolificant co	onditiona contributing to death	but not resulting in the	underlying ceuse given li		ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEI EXAMINER?	HOSPITAL:	ОТЬ	26. PLACE OF DEATH (C	Check only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Out 28a. DATE OF INJURY	tpatient 3 DOA 4 🗁	Rursing Home 8 - Residence	8 Other (Specify)	V IN ILIEN OCCUPA	in.
1 Natural 5 Pendi	(Month, Day, Year)	INJURY	WORK?			
3 Suicide 6 Could 4 Homicide determ	not be building, etc. (Sp.	IY — At home, ferm, street, eclly)	factory, office	281. LOCATION (Stree City or Town, Sta		ural Route Number,
man and a second	G PHYSICIAN: To the best of my kno					use(s) and menner as stated.
296. SECHAPORE MAN-TITLE OF C	ENTIFIER		29c. LICENSE NO	UMBER		GNED (Month, Day, Year)
2	SON WHO COMPLETED CAUSE OF D	CATU NTON AT A	D08	544	03	125/91
John Merendin	ro, MD. 4701 Ra	ndolph Road	#216 Rockv:	ille, MD.	20852	
31: DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE PENDON				



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
LUCILLE	W. BUTLER				MONTH 1	196	9,550
4. SOCIAL SECURITY NUMBER		In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
487-50-9776		94			Aug.31,189		St. Louis,MO.
9a. FACILITY NAME (If not institution, give s			L CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
WILSON HEAL	TH CARE C	ENIER 6	AITA	HERSBU	IRG	MON	1160MERY
RESIDENCE OF DECEDENT							
10e. STATE 10b. COUNTY	4	10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
MD. Mon	tgomerv	Gait	hersbu	iro			1 YES 2 NO
10e. STREET AND NUMBER	-6	/		1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
		(
301 Russell Ave.				20877			S.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER III FORCES? 1 YES			CENDENT OF HISPANI pocify Cuban, Maxican	IC ORIGIN? (Specify Yes 1, Puerto Rican, atc.)	or No- 14.	. RACE — American Indian, Black, White, atc.
3 Never married 2 married	IF YES, GIVE WAR OR D			2 NO Specify:			Specify:
3 E3 WILLOWS 4 DIVOICES						V	VHITE
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	JAL OCCUPATION	ON ont of warting	16b. KIND OF BU	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	etred.)	oat or working			
, , , , , , , , , , , , , , , , , , , ,	2	Homemak	ter		Own I	lome	
17. FATHER'S NAME (First, Middle, Last)				18 MOTHED'S ALAS	ME (First, Middle, Maiden	Cumame1	
	Woods			TO HER CONTON			
	noous				Kupperfl		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural R	loute Number, City or Tow	n, State, Zip Co	de)
Jane B. Taylor	(Daughter)	5800 B	ent Bra	anch Rd.	Bethesda	MD.	20816
20s. METHOD OF DISPOSITION	206	. PLACE OF DISPOSITI					y or Town, Slate
1 Donation 8 Other (Specify)	noval Irom State	other place)					
21. SIGNATURE OF FUNERAL SERVICE LIC		unt Comfo		MACORY ND ADDRESS OF FAC		k. VA.	
21. SIGNATORE OF TONETHE SERVICE CA	A .				's Sons,	Ino 1	AT 1.7
Leinon	Vkinne	1					
23. PART i. Enter the diseases, or					n Ave. Wa		
	List only one cause on a		enter the mo	oda or dying, aucr	n as cardiac or resp	ratory arrest	t, Approximata interval Between
IMMEDIATE CAUSE (Final							Onset and Death
disease or condition	Known	10mitis					112 day
resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):					120093
	C 0 00 1-			1			[- N
Sequentially list conditions,	o CELED	ral In	TOW	160515) month
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
cause. Enter UNDERLYING	C						
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):					
resulting in death) LAST							
	0.						
PART II. Other significant condition	na contributing to death t	out not reaulting in t	the underlyin	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
Frank Acorin	Hira Hr.	moerton	sim.	CHF	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
The asylic	The state of the s	7	LIUN	1	1 🗆 YES :	NO	OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Che	eck only one)		
EXAMINER?	HOSPITAL:	petient 3 DOA	THER:	ne 5 🗆 Rasidence	S Other (Specific)		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C		JURY AT	2sd. DESCRIBE HOW	WILLIBA OCCITE	AED.
1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y W	ORK?	and begonine now	JUNI UCUUF	ies.
accident investigation			M 1 🗆	YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — Al home, ferm, atre	el, factory, offic	CB	281. LOCATION (Street City or Town, State		Rural Route Number,
4 Homicide determined	among, are tape				only or navit, state,	•	
29a. CERTIFIER							
(Check only	SICIAN: To the best of my know						
2 MEDICAL EXAMINE	ER: On the besis of examination	on end/or investigation,	in my opinion,	death occured at the	time, deta and place, a	nd due to the o	cause(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CONTINUE	A L			29c. LICENSE NUN	MBER	29d. DATE S	HGNED (Month, Day, Year)
	21/10.	-	11 50	777 7	21	D 2	75-91
- Chas	X V M		1112	016	91	10	-67-11
SO. WAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF DE	EAIH (ITEM 27) (Type, Pri	int)	Λ	0 -4		1. 1
James K.M	(1000C.)c.	201 F	100 K	KS HUR	Guille	ers61	10g md 2007
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	VATURE					(c)
MAR 27 '97	guna Davidson	- handell					

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

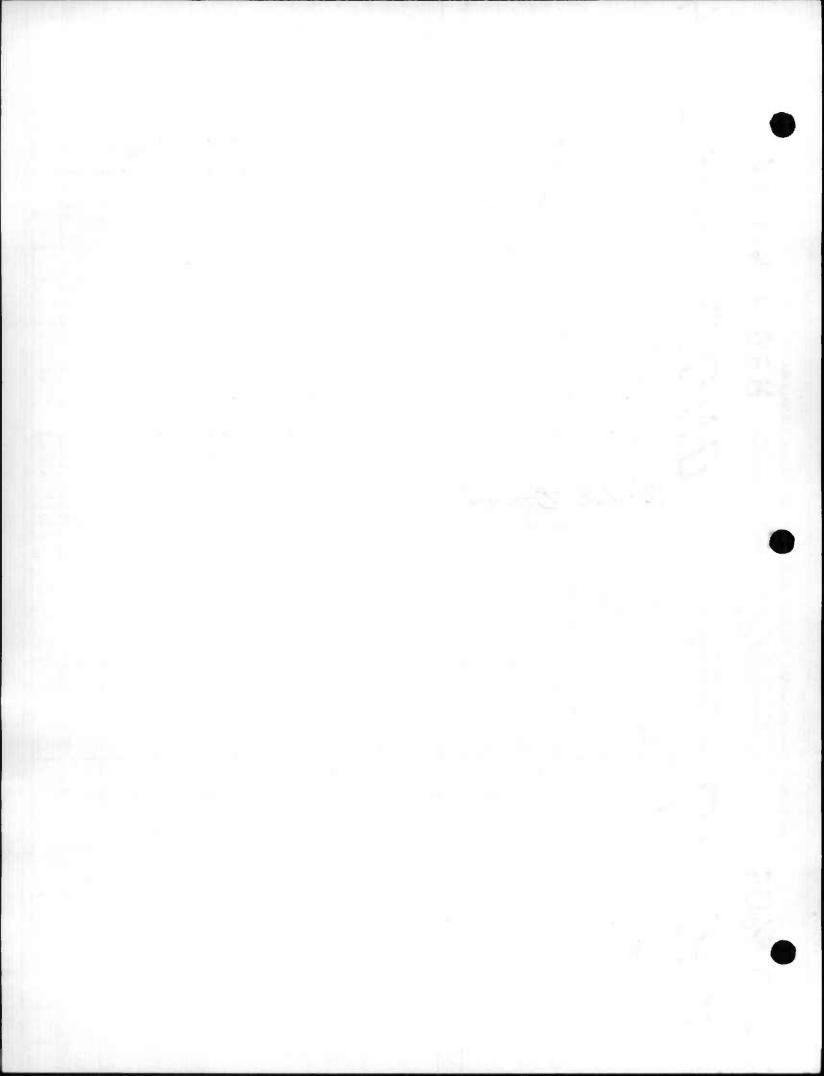
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Second S	REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.			
*** A SOCIAL SCOURT NUMBERS Last	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH DAY	YEAR	3. TIME OF DEATH	
Security Security	Katherine	Julia Rontz				1.17	h 26		7:05	AM
STREAM AND CONTROL CONTROL OF THE STATE OF T	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE				7. DATE OF	F BIRTN			ign
THE MANUAL PLANT AND THE PROPERTY OF A STATE OF THE STATE	578-28-6527	1 M 2 X F	98 YRS.	MINS DATS	HOURS MIN.					a
MATYLAND MONTGOMETY WE STORT WO COUNTY WE STORT WO COUNTY WO COTT, TOWN OR LOCATION Bethesd MONTGOMETY WE STORT WO CONSTRUCT THE MARKE STORTE 10 WAS DECORPTED IN U.S. AMARC 20 S17 THE MARKE STORTE 11 WAS DECORPTED IN U.S. AMARC 20 S17 THE MARKE STORTE 12 WAS DECORPTED IN U.S. AMARC 13 WAS DECORPTED IN U.S. AMARC 14 WAS DECORPTED IN U.S. AMARC 15 WAS DECORPTED IN U.S. AMARC 16 WAS DECORPTED IN U.S. AMARC 17 WAS DECORPTED IN U.S. AMARC 18 WAS DECORPTED IN	9a. FACILITY NAME (If not institution, give a	treet and number)	9	b. CITY, TOWN C	R LOCATION OF O			UNTY OF		
MATYLAND MONTGOMETY WE STORT WO COUNTY WE STORT WO COUNTY WO COTT, TOWN OR LOCATION Bethesd MONTGOMETY WE STORT WO CONSTRUCT THE MARKE STORTE 10 WAS DECORPTED IN U.S. AMARC 20 S17 THE MARKE STORTE 11 WAS DECORPTED IN U.S. AMARC 20 S17 THE MARKE STORTE 12 WAS DECORPTED IN U.S. AMARC 13 WAS DECORPTED IN U.S. AMARC 14 WAS DECORPTED IN U.S. AMARC 15 WAS DECORPTED IN U.S. AMARC 16 WAS DECORPTED IN U.S. AMARC 17 WAS DECORPTED IN U.S. AMARC 18 WAS DECORPTED IN	Kensington Garden	s Nursing Co	enter	Ker	sington			Mont	COMONIA	
Maryland Montgomery Betheda 1 1 1 1 1 1 1 1 1	RESIDENCE OF DECEDENT							Meritia		
The STREET AND NAMED TO TAKE THE BOOK SIND TO THE COUNTY OF THE STREET OF THE STREET AND NAMED TO THE STREET OF TH	10a, STATE 10b, COUNT	ſ	10c. CITY, T	OWN OR LOCAT	TION				10d. INSIDE CITY	
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BALTIMORE, MARYLAND 21203-3146

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR		STATE OF I	MARYLAN				EALTH AN	D I	MENTAL HYGIEN REG. NO.				
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ROBERT	LEE	COOK,	SR	•					March 2	7	1991	9:08 p	
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17. FATHER'S NAME (First, I Charles H									ME (First, Middle, Malden e May Stra			-17	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILI	NG ADDR	ESS (Street a			Route Number, City or Tow				-
Mrs. Joyc	e K. C	look		P.O.	Box	384 F	rostbu	rg	, MD 21532	2			
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PART II. Other algorificant conditions contributine to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: XXX YES X ó ent 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO 2 Accident 28s. PLACE OF thJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

DUE TO (OR AS A CONSEQUENCE OF):

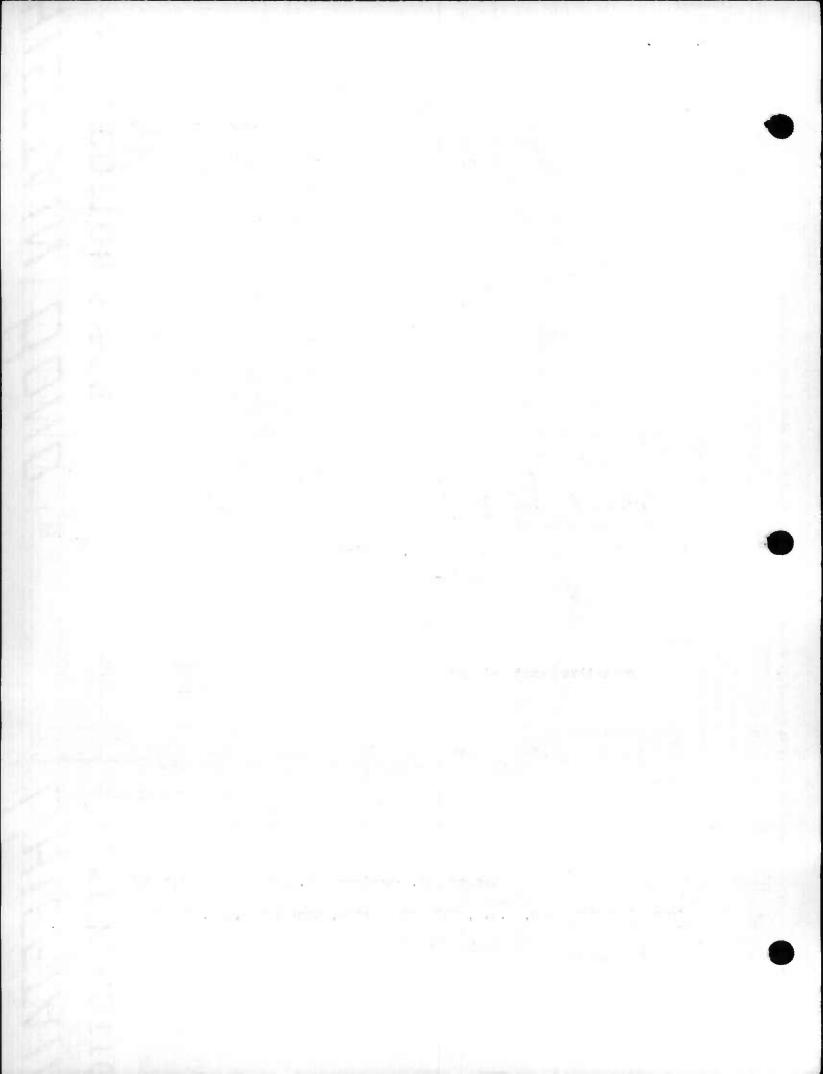
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the couse(a) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) Deouty Med. Examiner Md. d07098 3/28/91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Giovanni Mastrangelo, M.D., 900 Seton Drive, Cumberland, Md. 21502

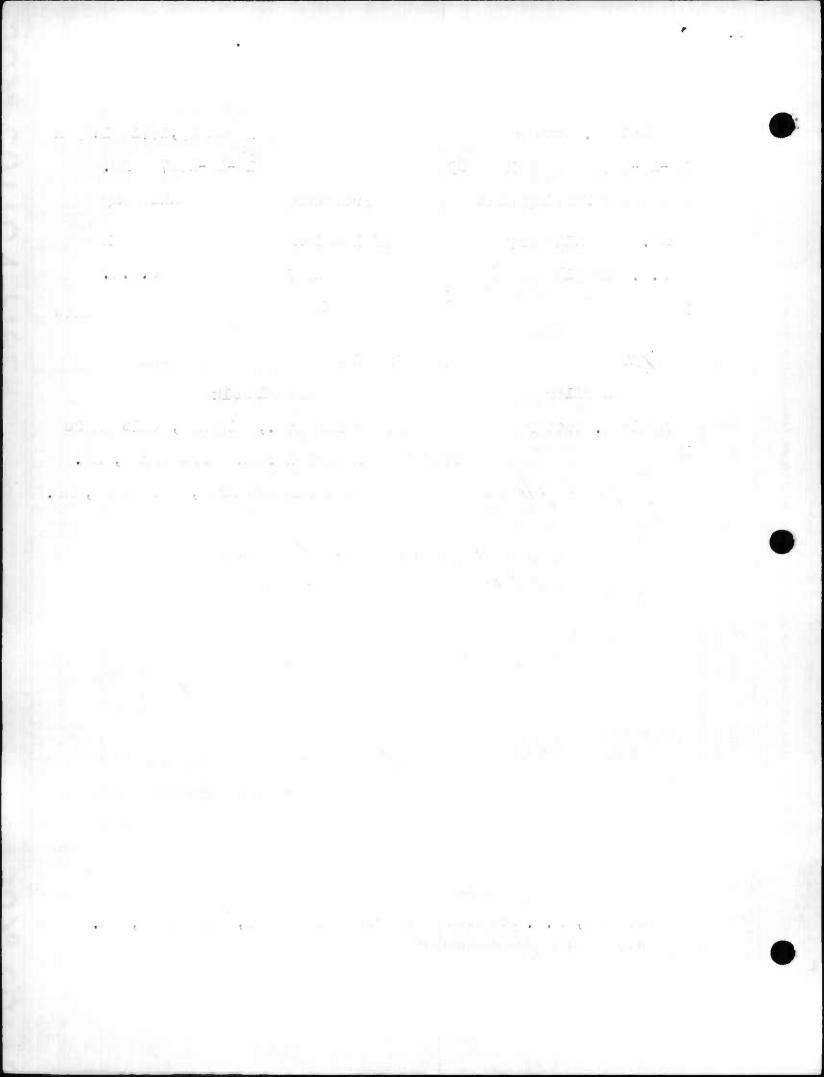
31. DATE FILEO (Month, Day, Year)

32 REGISTRAR'S SIGNATURE LEVILLE DAVIDSON-R APR 01



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, L							
					2. DATE OF DEAT		3. TIME OF DE
Elsie F.	Cutter				March	23,19	91 1:45
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birtho	MONTHS DAY		7. DATE OF BIRT (Month, Day, Ye	H B.	BIRTHPLACE (State of Country)
214-14-7698	1 □ M 2 및 F	83 YR	S. BONTAS GAV	8 HOURS MIN.	10-16	-1907	Md.
9a. FACILITY NAME (If not institution, g	give street and number)		9b. CITY, TOW	N OR LOCATION OF E	DEATH	9c. COUNTY	Y OF DEATH
Frostburg Nu	rsing Hon	10	Fre	stburg		All	egany
RESIDENCE OF DECEDENT			CITY, TOWN OR LO	CATION			10d. INSIDE C
Frostburg Nu RESIDENCE OF DECEDENT 10a. STATE 10b. CO	llegany		Ms an a	othian			1 YES 2
	TTESSTIV		MITOIL	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY
P.O. Box 3	11			275/13		TI	S.A.
10e. STREET AND NUMBER P. O. BOX 3 11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		DECENDENT OF HISPA		fy Yee or No- 14	. RACE — American In
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO		specify Cuban, Mexic res 2 WNO Spec		0.)	Black, White, atc. Specify:
				32			Whi
15. DECEDENT'S (Specify only highest ((Give kind	NT'S USUAL OCCUP	ATION most of working	16b. KIND O	F BUSINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	OT use retired.)	200	2+0	to Col	1000
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last	n	Hous	ekeepir	-		te Col.	rage
					AME (First, Middle, M		
19a INFORMANT'S NAME (Kna/Print)	.4.01	19h MAII	LING ADDRESS /S	et and Number or Rura			ndel
Lewis R. C	utter						hio lilili2
20e. METHOD OF DISPOSITION	and the same	20b. PLACE OF DIS		cernetery, cremetory or		c. LOCATION — CIT	
1 Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	other place)		emorial			arg. Md.
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	22000		AND ADDRESS OF F		1100000	arg, mus
1 Arfor	P. Hosm		Dur	est Fune	ral Hom	e, Fro	stburg,
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Con	se on each line.	ve of	ent	Hair	luu	Interval
disease or condition resulting in death)	Con	get 10	(le H)	ent marco	Hair		Interval
disease or condition resulting in death)	DUE TO	gestio	(l f) H OP): M (ent	Hair		Interval
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE	DE OF): DE OF): DE OF):	ent	Hair	lun	Interval Onset
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significant cond	DUE TO	OR AS A CONSEQUENCE	DE OF): DE OF): DE OF):	ent	Hair Boy		24b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH?
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significant cond	DUE TO DUE TO	OR AS A CONSEQUENCE	SE OF):	ent	Main Bay	AS AN AUTOPSY PROFORMED?	24b. WERE AUTOPS AMAILABLE PRI COMPLETION
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significant cond	DUE TO DUE TO DUE TO HOSPITAL:	OR AS A CONSEQUENCE	Ing on: SE OF): Ing in the underly OTHER:	ying cause given in	Part I. 24a. W PI 1 U V	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH?
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significant cond	DUE TO DUE TO DUE TO DUE TO AL HOSPITAL: 1 Inpetient 2 28a, DATE OF	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE Description of the consequence Or AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Descripti	DA OTHER: OA 4 Mursing h. TIME OF 28c.	ying cause given in	Part I. 24a. W PI 1 U V	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPS AWAILABLE PRI COMPLETION (OF DEATH? 1 YES 2
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO DUE TO DUE TO DUE TO AL HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE Description of the consequence Or AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Description of the consequence OR AS A CONSEQUENCE Descripti	DA OTHER: OA OTHER:	ying cause given in	Part I. 24a. W PI 1 U V	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPS AWAILABLE PRI COMPLETION (OF DEATH? 1 YES 2
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VOLUME Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO DU	(OR AS A CONSEQUENCE (OR AS A	26 OF): Ing in the underly E OF): A QTHER: A A Nursing to the industry of	ying cause given in B. PLACE OF DEATH (C. Home 5 Residence WORK? YES 2 NO office	Part I. 24a. W PI 1 V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY ERFORMED? ES 2 NO Street end Number or State)	24b. WERE AUTOPS AMAILABLE PRI COMPLETION (OF DEATH? 1 YES 2
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Continued by the continued by the cause of conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DU	(OR AS A CONSEQUENCE (OR AS A	DA QTHER: DA 4 HAVISIA 1 [ATTIME OF INJURY M 1 [ATTIME OF INJURY M 28c. INTIME OF INJURY M 1 [ATTIME OF INJURY M 28c. INTIME OF INJURY M 1 [ATTIME OF INJURY	ying cause given in B. PLACE OF DEATH (C. Home 5 Residence WORK? YES 2 NO office	Part I. 24a. W PI 1 V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY REFORMED? ES 2 NO Street end Number or State) Indian manner as stated co, end due to the o	24b. WERE AUTOPS AMAILABLE PRI COMPLETION: OF DEATH? 1 YES 2
DISTRICT OF THE PROPERTY OF STREET O	DUE TO DU	(OR AS A CONSEQUENCE OF DEATH OTHER 27)	DA 4 ANURING 1 TIME OF 28c. INJURY M 1 Gram, street, factory, concerned at the time, of the street, factory, or the street,	ying cause given in B. PLACE OF DEATH (C. Home 5 Residence WORK? YES 2 NO office	Part I. 24a. W PI 1 V Check only one) a 6 Other (Specific City or Town, we to the cause(e) are the time, date and pie UMBER 25 /	AS AN AUTOPSY REFORMED? ES 2 NO Street end Number or State) Indian manner as stated co, end due to the o	Interval Onset: 24b. WERE AUTOPS AMAILABLE PRI COMPLETION: OF DEATH? 1 YES 2 RED RED Read Route Number, Cause(a) and manner a



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A	E S	6
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 😅 nours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be study within 20 hours after death with the State Dect, of Health and Mental Hydiere brior to burial cremation or remonal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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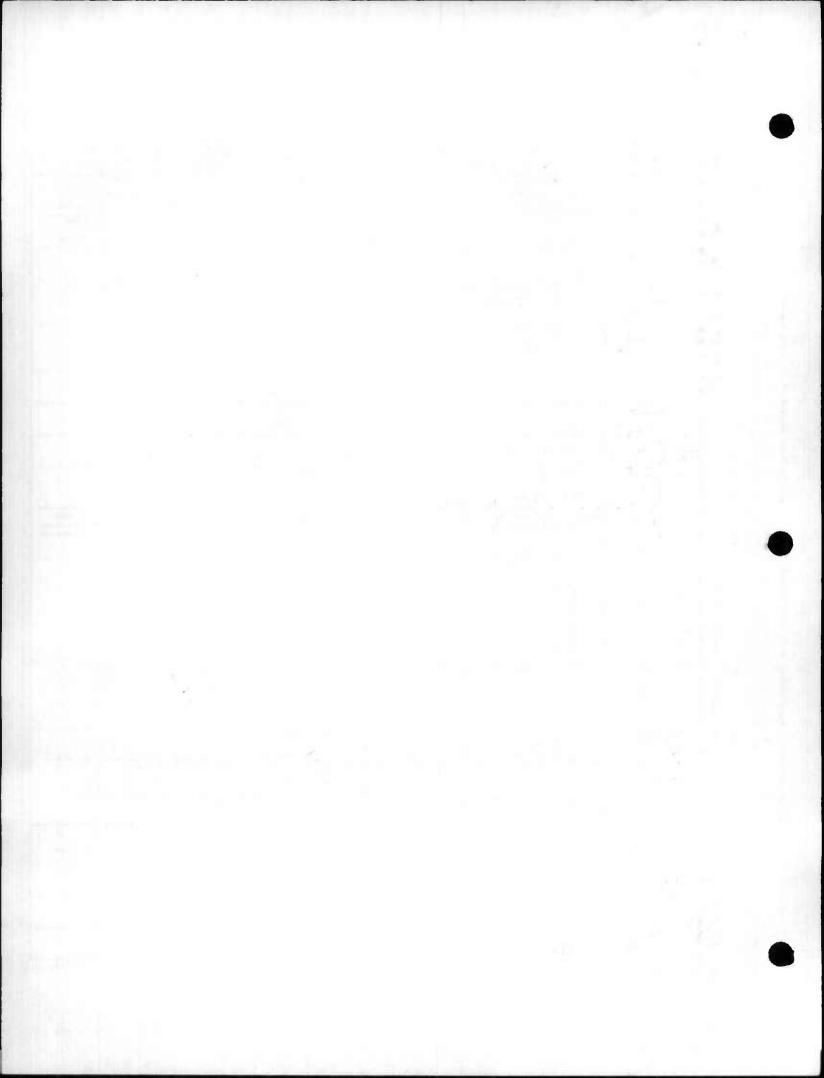
31. DATE FILEO (MORIN, Day, Year) MAR 2 7

											0) [09656
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /				EALTH DEAT		MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	F DEATH DA	Y	YEAR	3. TIME OF DEATH
	WALTER EUGEN								03-	-24-9	1		11:50 A. M
1	4. SOCIAL SECURITY NUMBER 214-16-2804	5. SEX	6. AGE (In yrs. In:	st birthdwy) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.		Day, Year)	.	8. BIRTHP Country) MD	
	9s. FACILITY NAME (If not institution, give sti	net and number)	09	-	9h CITY	Y TOWN C	OR LOCATIO	W OF DE		15–192		TY OF DE	
œ	Garden City Trai						town	M OF DE	AIII			legar	
읝	RESIDENCE OF DECEDENT	TOT OF				- Dap	COMIT					a c g ca	-1.
Ä	10s. STATE 10b. COUNTY			10c. CI	ry, town	OR LOCAT	TON						10d. INSIDE CITY LIMITS?
۵	MD Allegar	ny		Cre	sapt	own.							YES XX NO
Z	10e. STREET AND NUMBER				-		. ZIP CODE				10g. CITIZ	EN OF W	IAT COUNTRY?
FUNERAL DIRECTOR	Route 5 Box 49						1502				US		
3	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	X YES 2	RMED NO	13.				IC ORIGIN? n, Puerto Ric	(Specify Yes an, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
ВУ	3. Widowed 4 Divorced	IF YES, GIVE V				1 TYES	KX NO	Specify	:			Specify	nite
	15. DECEDENT'S EDUC		WW TT	ECEDENTS	USUAL C	CCUPATIO	ON		16b. H	IND OF BUS	INESS/IND		1100
<u></u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	(G	ike kind of a. Do NOT u	work done me retired.)	during mo	et of working	g					
립	12		,	et.	Mast	er s	arger	nt		U.S.	Army		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First, Mic	idle, Maiden	Sumame)		
BE (Leo Chaney						Ge	orgi	a E.	Platt	ers		
5	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street a				City or Town		Code)	
-	Mrs. Jayne Elfri	tz		Cumb	erla	nd,	MD 23	L502					
	20e. METHOD OF DISPOSITION XX Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	20b. PLACE other p	(ace)							CATION —		
	4 🗓 Donation 5 🗆 Other (Specify)		Rock	y Ga					ery/2	Fli	ntsto	one,	MD
	21, SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	11				ND ADDRES		neral	Home			
	Vanes Il	1 Can	sell			Cumb	erlar	nd, N	MD 21	502			
	23. PART I Enter the diseases, or conshock, or heart failure. L	omplications the	t caused the de	eath, Do	not ente	r the mo	de of dyl	ng, suci	n aa cardle	c or respi	ratory arm	eat,	Approximata interval Between
	IMMEDIATE CAUSE (Final	,,											Onset and Death
	disease or condition ————————————————————————————————————	ypertens	sive Car	diov	ascu	lar	Heart	: Dis	sease				
	S 11111	DUE TO	(OR AS A CONSE	OUENCE (OF):								
ON	Sequentially list conditions,	DUE TO	(OR AS A CONSE	OHENCE (MEN.								
E	If any, leading to immediate cause. Enter UNDERLYING	000 10	(OII AS A CONSC	GOENÇE (<i>yr</i>):								
RTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE (OF):								+
E	resulting in death) LAST												
S													
MEDICAL	PART ii. Other significant conditions	contributing to	death but not	resulting	in the u	nderlyin	g cause g	iven in	Part i.	PERFOR		100	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							_		- 1	T YES 2	NO		COMPLETION OF CAUSE OF GEATH?
×									- 1	•			1 TES 2 NO
PHYSICIAN:	25. WAS, CASE REFERRED TO MEDICAL												
S	EXIMINER?	HOSPITAL:	T		OTHE	R:	1		eck only one)				
HYS	YES 2 NO	1 Inpatient 2		28b. TH		_	URY AT	eldence	6 Other	Specify) RIBE HOW II	H HIRV OC	HIDEN	
	1 Natural 5 Pending	(Month, C			JURY	WC	PRK?	NO NO					
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE C	F INJURY — At h	ome, farm,	street, fac				28f. LOCAT	TION (Street 4	and Number	or Rural Ro	oute Number,
TED	4 Homicide 6 Could not be	building.	etc. (Specify)						City or	Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN; To the best of	my knowledge d	eath necu	red at the	time date	and slace	and due	to the caus	ofa) and mar	nor so et-t	ad.	
ME	CONTROL ONLY												and manner se stated.
	296. BIGNATURE AND JTTLE OF CERTIFIER			21/2872		(ACCOUNT		NSE NUN		ENGLIS OF			(Month, Day, Year)
BE	tool /m	/					00915					24-19	

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Paul Snow, M.D., Dept. Med. Ex., 124 W. 3rd Street, Cumberland, MD 21502

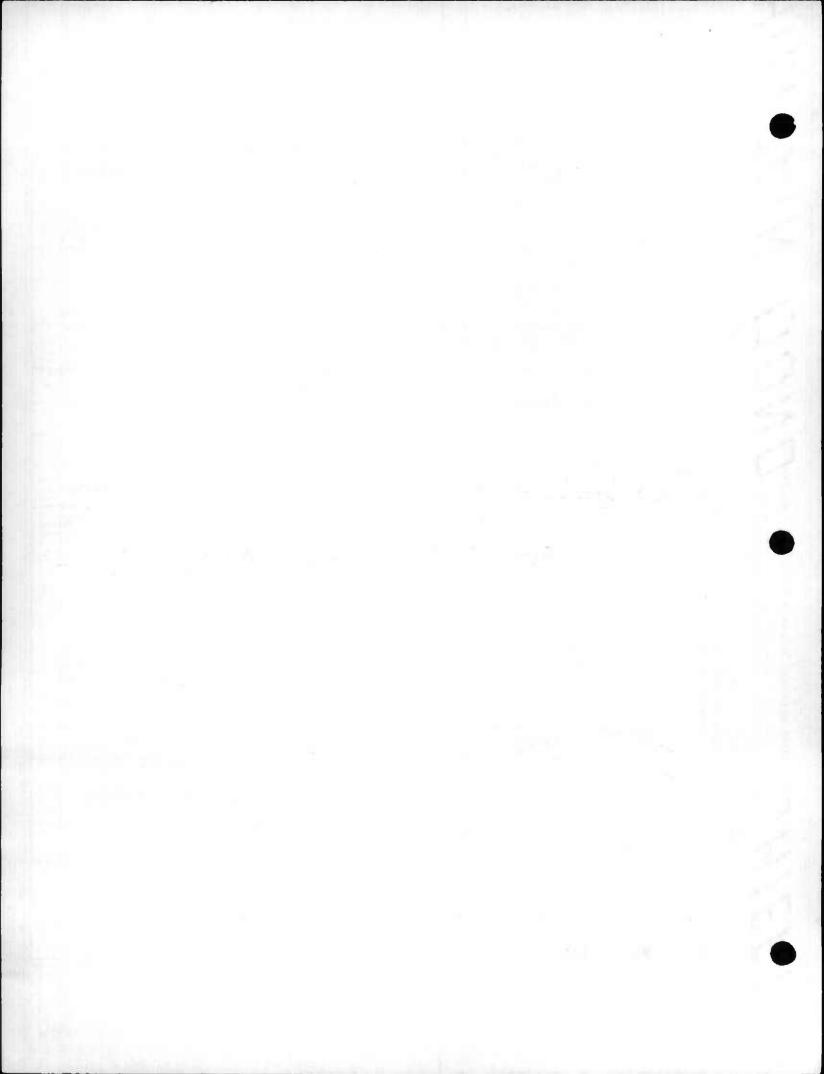


IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1 - STATE REGISTRAR	CE	RTIFICAT	E OF	DEATH	RE	G. NO.		
1. OECEOENT'S NAME (First, Middle, Last)					2, DATE OF O		MEAN	3. TIME OF DEATH
RODGER ORLTON	CAMPBELL				03	25 DAY	91	7:15
	SEX 6. AGE (In yrs. les	YRS. IF UND	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day) 5/27	RTH (ber)	Count	HPLACE (State or Fore
9a. FACILITY NAME (If not institution, give street in 7 CUNNINGHAM DR				RLOCATION OF OE		90	ALLEG	DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATI	ON				10d. INSIDE CITY
MARYLAND ALLEG	SANY	СПМІ	BERLA 101.	ZIP CODE		100	g. CITIZEN OF 1	1 TYES 2 THE
7 CUNNINGHAM D				21502			US	5 A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES W.	10	If yes, spe	ENDENT OF HISPAN cify Cuban, Maxica 2 M NO Specify	n, Puarto Rican,		Blac	E — American Indian ok, White, etc.
	pleted) (G ille.	CEDENT'S USUAL. he kind of work don Do NOT use retired. RUCK DI	e during mos .)	t of working			SS/INDUSTRY	ILE ·
17. FATHER'S NAME (First, Middle, Last)		ROCK DI	1	16. MOTHER'S NA	ME (First, Middle	Maiden Sum	ame)	
HOLLAWAY WINSI 190. INFORMANT'S NAME (Typo/Print)	on onninger		SS (Street	ROSA			RRIS	
ROBERT SHAFFER,				r ROAD				21502
20a. METHOD OF OISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLACE other place HILI	OF DISPOSITION (Name of com	AL PAR	K		ON — CITY OF TO SERLAN	
21 THE MATURE OF FUNERAL SERVICE LICENS	EE HJO			O ADDRESS OF FA		THE E	HILLS	MORTUAL
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	QUENCE OF):				-2	5+A5	515
PART II. Other aignificant conditions co	antibuting to death but not a				Date las			b. WERE AUTOPSY FIN
TAIT II. GUIST SIGNAGUE CONSTITUT	orange to common the first in	esuring in the	underlying	ceuse given in		WAS AN AUTO PERFORMED YES 2	n	MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТН		ACE OF DEATH (Ch	eck only one)			
27. MANNER OF DEATH 1 Netural 5 Pending	Inpetient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)		28c. INJU	JRY AT RK?	6 Other (Spe 28d, OESCRIB		RY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, ferm, street, fi		_	251. LOCATION City or Tox	N (Street and I wn, State)	Number or Rural	Route Number,
	i: To the best of my knowledge, de							(a) and manner as ets
296. MOMATINE AND TITLE OF CENTIPLER				29c. LICENSE NUS		29		D (Month, Dey, Year)
PAUL SIGN M.	DMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	REE	7 0	UMBE	EL AN ?	IM, a	7150
31. DATE FILED (Month, Day, Year) MAR 2 8 1991	32. REGISTRAR'S SIGNATURE							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within for sher of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. Fed in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Kathyrn Martha C				-	24, 1991	3. TIME OF DEATH 11:30 a.m
4. SOCIAL SECURITY NUMBER 577-50-9796	1 🗆 M 2 💢F		IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day 02/22)	708 F	BIRTHPLACE (State or Foreign Perfect Barre, Pennsylvania
90. FACILITY NAME (If not institution, give a Carroll Manor Numbers)			Hyattsville	EATH	111.	y OF DEATH Ce George's
10a, STATE 10b, COUNTY	e George's		town or Location r Marlboro			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
14509 Kent Drive			10f. ZIP CODE 20772		U.S.A	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuber, Moxic 1 YES 2 NO Speci	en, Puerto Rican		4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) 12th Grade	Cation completed) College (1-4 or 5+) None		SUAL OCCUPATION rk done during most of working retired.) © Operator		of Business/Indus	
17. FATNER'S NAME (First, Middle, Lest) William Miles			18. MOTNER'S N.		, Melden Surneme)	•
190. INFORMANT'S NAME (Type/Print) John J. Casey (So	on)		CODRESS (Street and Number or Rural Kent Drive, Upp			
21. SIGNATURE OF FUNEFAL SERVICE LIS	pliyles /	1	22. NAME AND ADDRESS OF F	ACILITY		over, Pennsylv
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TED CAUSE OF DEATH (ITEM 27) (Type, Print) Suite #016, M.D. 1160 Varnum Street,

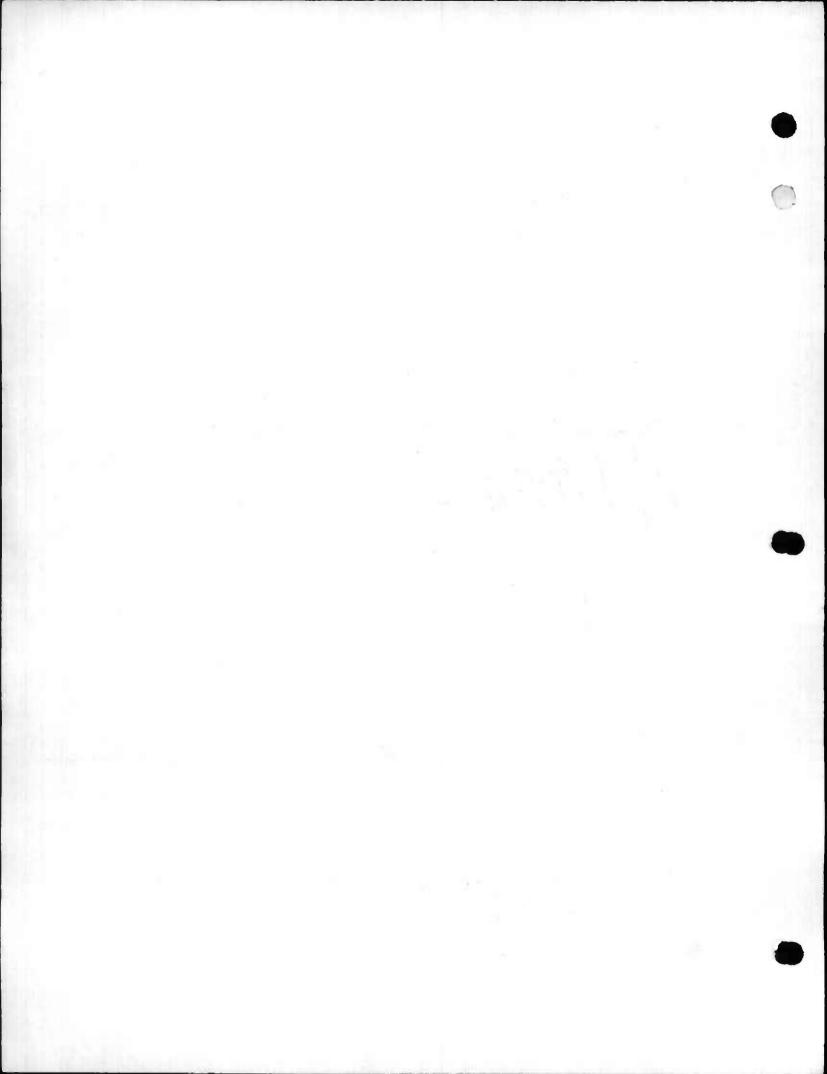
32. REGISTRAR'S SIGNATURE

Randell

Dr. Armando A. Miranda, M.D.

31. DATE FILED (Month, Day, Year)
MAR 27 '91

N.E. Washington, D.C. 20017



1. DECEDENT'S NAME (First, Middle, Last)

1 -

2. DATE OF DEATH

(this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 flould	t	ر
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DSPITAL OR ATTENDING PHYSIC	INERAL DIRECTOR: After thi	ithin 72 hours after death with	TANT: If Item 28 is marked.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FUNERAL D =

TO THE HOSPITA
TO THE FUNERA
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IMPORTANT: II

marked,

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27 1991 3:33 CARDINALE RICHARD James 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 23 214-56-4537 1 🔀 M 2 🗌 F 40 11 Apr. 4, 1950 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR CARROLL CARROLL COUNTY GENERAL HOSPITAL WESTMINISTER RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 1 - YES 2 NO Westminster 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3146 Cardinal Drive U.S.A. 21157 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 17 YES 2 IF YES, GIVE WAR OR DATES e, specify Cuban, Maxican, Puarto Ric 2 NO 1 Never Married 2 Married 1 TES 2- NO Specify: Specify: BY 3 Widowed 4 Divorced Vietnam White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. Police Officer none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Vincent L. Cardinale, Sr. Rebecca C. Davis BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy J. Cardinale 3146 Cardinal Dr. Westminster, Md. 21157 20a, METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Re
4 Donation 5 Dither (Specify) 20c. LOCATION — City or Town, State LACE AND DATE OF DISPOSITION (Name Baltimore, Maryland Cemetery oddlawn 21. SIGNATURE OF FUN 22. NAME AND ADDRESS OF FACILITY Starrest Burrier Funeral Hom Winfield, Maryland Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, **Approximata** ahock, or heert fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition STHEMOSCLEROTE CARDIOURS QUELL PL SERSE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 LYES 2 NO VES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Rasidence 6 - Other (Specify) 4 🗆 No 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 286. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE hell Maynite (frel 3_ OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIARIO A. KORSU 111 North PENN STREET BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year) REGISTRAR'S SIGNATUR APR '91 lie Deviden

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital properties of the control of the properties of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Deat, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Vicki J	sephine		ARK	ICATE OF	DEATI	_	100mm (C)	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 495–09–4649	5. SEX 8. AI	GE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year) July 23,	1898 1892	8. BIRTH Countr	IPLACE (State or Foreign y) LSSOUri
OINT OIL	98. FACILITY NAME (If not institution, give stree 19310 Club House RESIDENCE OF DECEDENT		313		оь сту, тоwn Gaithe			тн		nty of D	
	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland Montgo	mery		Ga	aithersb						1 TYES ZXX NO
	10e. STREET AND NUMBER	D: 4 . #	0.1.0			f, ZIP CODE					VHAT COUNTRY?
	19310 Club House	Rd. Apt. #.		150		20879				JSA	
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	ES 2 N	O MED	If yes, s		Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	s or No-	Blaci	E — American Indian, k, White, etc. "Yy: White
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION empleted)			USUAL OCCUPAT			16b. KIND OF BU	SINESS/IN		
		College (1-4 or 5+)	Hfe.	Do NOT u	se retired.) Lub Mana			Nation	al P	ress	Club
	17. FATHER'S NAME (First, Middle, Last)					2017-011		E (First, Middle, Meiden			
	Benjamin H. Will	iams					-	Elizabeth			5
	198. INFORMANT'S NAME (Type/Print) Mrs. Ann Woodc	ock	196					urt, Fred	eric	c, Mo	
	20e. METHOD OF DISPOSITION 1	el from State	of cemetary. Smith	cremator	e of disposition y or other place) of Crema	tory		3/30/94 Smi			
	21. SIGNATURE OF ELIMENTAL SERVICE LICEN	Files	L		R	obert N. Ma	E.		Son	P.A.	•
H	23. PART I. Enter the diseases, or con shock, or heart failure. Li	and college on course	and the de	ath. Do	not antar tha m	oda of dyln	g, such	aa cardlac or reap	iratory a	reat,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	V		12000				tami			Onset and Death
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	PART II. Other aignificant conditions	contributing to deal	th but not r	eaulting	in tha undarlyi	g cause gi	iven in P	Part I. 24a. WAS AT PERFO	RMED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	LACE OF DE	ATH (Chec	ck only one)			
	1 XXES 2 □ NO	1 Inpatient 2 I ER/			4 - Nursing Ho		_	Other (Specify)			
	27. MANNER OF DEATH XXX Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	ar)		M 1	JURY AT ORK? YES 2	NO	26d. DESCRIBE HOW			
	3 Suicide a Could not be 4 Homicide determined	26e. PLACE OF INJ building, atc. (me, farm,	etreet, factory, off	ce		26f. LOCATION (Street City or Town, State		or Plural	rioute Number,
COMPLEIED	(Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my k									a) and menner as stated.
7	29b. SIGNATURE AND TITLE OF CENTIFIER	- Dew	u	~	.62	29c. LICEN	0854				(Month, Day, Year)
	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	M 27) (Tim	- Print)	-					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

John F. Tauber,
31. DATE FILED (MORRIN, Day, Year)
APR 01 1991

John F.

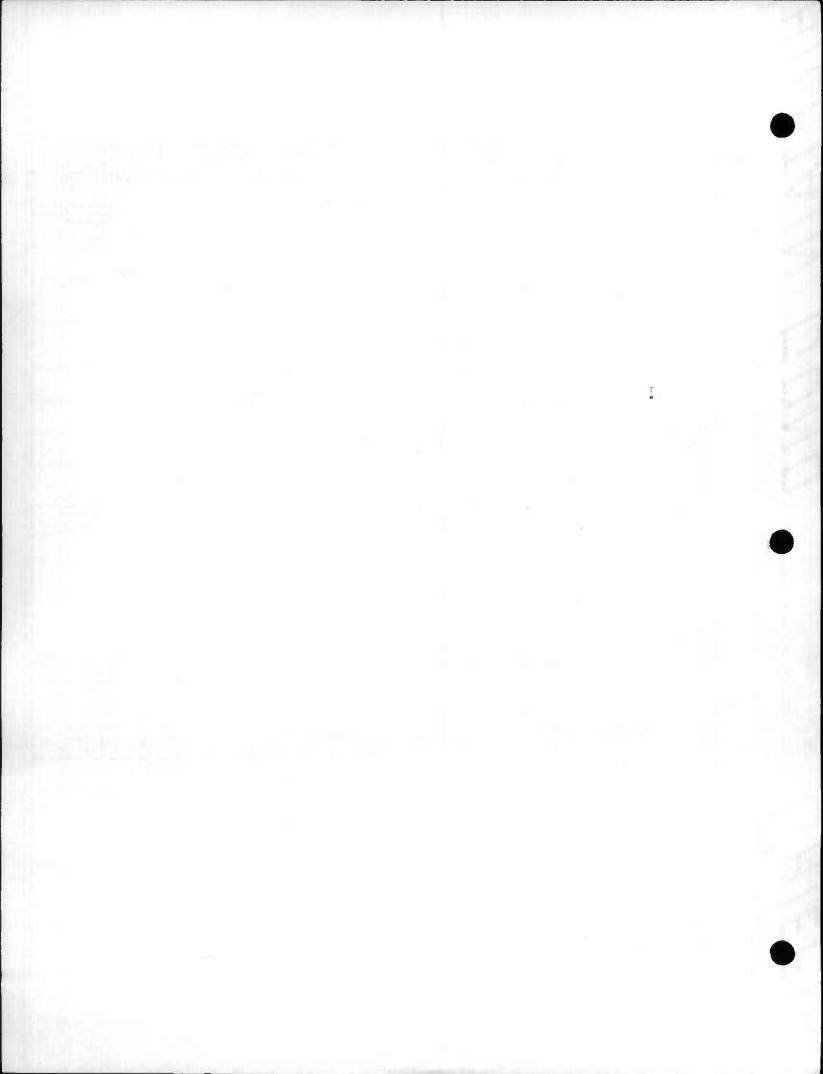
32. REGISTRAR'S SIGNATURE

#414 Bethesda, MD 20814

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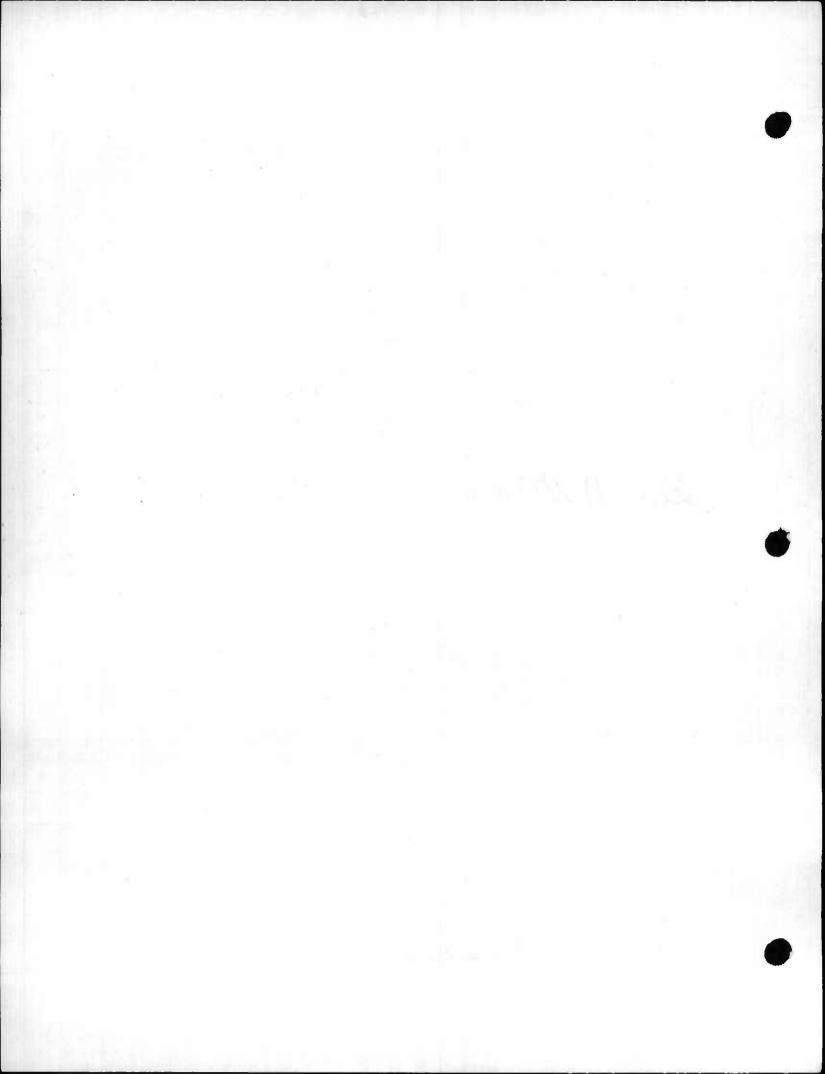
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	HO	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Memai Hyglene prior to burial, cremation, or removal.
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	1. DECEDENT'S NAME (First, Middle, Li	nst)				<u> </u>	PEAT	- T	. DATE OF DE	G. NO.		3. TIME	OF DEATH	
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1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In:		IF UNDER		IF UNDER 2		DATE OF BIF	TH	8. BI	RTHPLACE (S	itate or Fore	
	127-34-7774	1 □ M 2 💢 F	86	YRS.	MONTHS	DAYS F	IOURS	MIN.	(Month, Day, 6-10-()4′	Ne	ew Yor	k	
1	9a. FACILITY NAME (If not institution, g				9b. CITY	TOWN OR	LOCATIO	N OF DEAT	Н		C. COUNTY O	F DEATH		
O	Shady Grove Nur				131	Rock	vill	Le			Mont	gomery	7	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COL		. TOWN C	R LOCATIO	N					10d. INS	IDE CITY			
BIC	Maryland Mon	ntgomery Gaithersburg										LIM	IITS?	
AL	10e. STREET AND NUMBER			002			IP CODE			1	log. CITIZEN C			
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FUN	11. MARITAL STATUS					ORIGIN? (Spe		No 14. R	IACE Ameri	ican India				
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COMPLET	17. FATHER'S NAME (First, Middle, Last)			IS. MOTH	ER'S NAME	(First, Middle,		mame)						
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8	19a. INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRESS	(Street and	_				State, Zip Code)		
10	Murray Schulman		2:	15 Sur	mmit	Hall	Dr	., Ga	ither	sburg	g, MD.	2087	77	
	20a. METHOD OF DISPOSITION 1, Burial 2 Cremation 3 1	Removal from State	20b. PLACE	OF DISPOSE	ITION (Na	me of cemel	tery, cremi	atory or		20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify) Judean Memorial Gardens (Olney, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels,										Tr			
	ronk	11/1+	ml								kville			
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IN: MEDICAL CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (DR AS A CONSE	EQUENCE OF););	nderlying (cause g	iven in Pa		WAS AN AL	EDF	OF DEAT	LE PRIOR T	
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OF VITAL RECORDS, P.O. BOX 13146,	HYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1;

	1. DECEDENT'S NAME (First, I	Widdle, Last)			CERTIF	ICATI	E OF	DEA	ın	2. DATE 6	REG, NO.			. TIME OF DEATH
A.	MONTH DAY YEAR										6:20			
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. leat birthday)								7 DATE OF BIRTH			ACE (State or Fore
ž	234-01-9594	YRS.	MONTHS	DAYS	HOURS	MIN.	May May	12, 19	910	0 West Virgini				
2	9a. FACILITY NAME (If not inst			OR LOCATIO		EATH			ITY OF DEA					
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ESC	10a. STATE	10c. Cl	TY, TOWN	OR LOCA	TION					1	od. INSIDE CITY			
G	Maryland		Hag	gers	town					1	LIMITS?			
AL	10s. STREET AND NUMBER			10	f. ZIP COD				10g. CITI	ZEN OF WH	AT COUNTRY?			
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8	15. DECE	DENT'S EDU	CATION	- 1	Ida. DECEDENT'S	USUAL O	CCUPATI	ON		16b.	KIND OF BUS	BINESS/IND	USTRY	
	(Specify only Elementary/Secondary (0-		College (1-4 or 5	+)	(Give kind of life. Do NOT u	ise retired.)			ng					
COMPL	6 years				praction	cal r	nurs	е			nı	ırsin	g	
BE CO	tr. Father's name (First, Mid Charles L.	Wilt									Nicewa			
2	19a. INFORMANT'S NAME (7)						er, City or Tow	-	Very and	7 1				
-	Anita F. Li	LJ9			rry S			agers			-			
	1 X Burial 2 Cremation 4 Donation 6 Other	other place) Se Hill	Ceme	ater	rmetery, cren V	natory or			cation -					
	21. SIGNATURE OF FUNERAL	, , , , , ,				SS, OF F	ACILITY	Hagerstown, Maryland						
	Gerald N. Minnich 305							N. Potomac Stree						
	Funeral Home Hagerstown, Marylan 23. PART I. Enter the disease, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxim													
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出	resulting in death) LAST										-			
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Σ										YES 2				
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE							LACE OF D	EATH (C	heck only on	D)			
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PHYSICIAN:	27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)		25b. TIME OF 26c. INJURY AT WORK?			Y AT 26d. DESCRIBE HOW IN.			NJURY OC	CURED	
ВУБ		Pending Investigation	(morkit)			М		YES 2	NQ					
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COMPLET	torroom arriy		HCIAN: To the best of											and manner as :
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	31. DATE FILED_(Month, Day,)	bar)	32. REGISTE	RAR'S SIGNA	TURE									
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rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s build	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HOSPITAL OR ATTENDING PHYSI	UNERAL DIRECTOR: After thi	within 72 hours after death with	ANT: If Item 28 is marked,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH RISTE ROBERT Jaso. 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign Country) 54 4280 Washington, D.C DAYS 7-11-9e. FACILITY NAME (If not institution, give street and nu 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATN P.6 DOCTOR'S DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY ioe. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD WALDORT-1 YES 2 NO Charles FUNERAL 10e. STREET AND NUMBER 20601 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.)

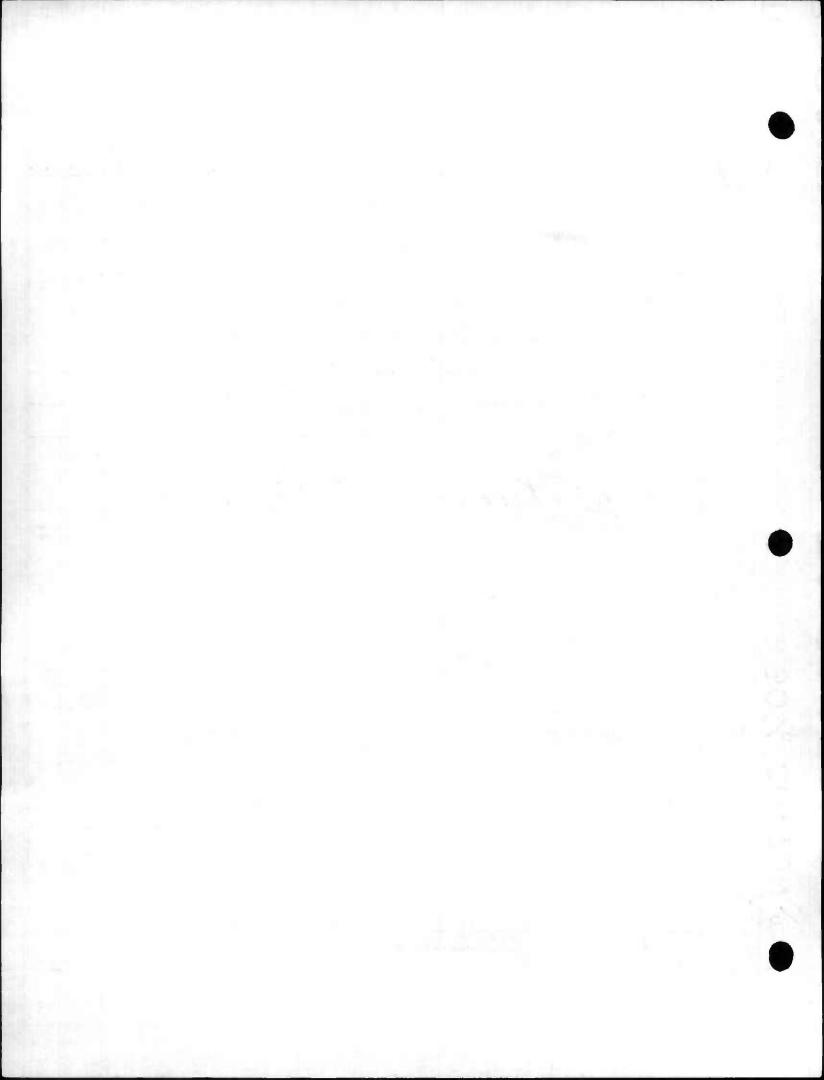
1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: White BY 4 Divorced 3 Widowed WWII COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Federal Government Boiler Mechanic 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Margaret L. Loveless Peter J. Criste BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 24 Abell Way, Waldorf, Maryland 20601 Teresa M. Wood 20a. METHOD OF DISPOSITION
1X Notice | 2 □ Cremetion | 3 □ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of semi-line) Control of Town, State of Semi-line of National Cem. 3/25/91 Suitland, Maryland ☐ Donetlen 6 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LIGH 6160 Oxon Hill Rd. Oxon Hill, Md.20745 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** MYOCAPDIAL INGARCTION

DUE TO (OR AS A CONSEQUENCE OF):

MY PERTENSION disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate DIABETES cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) YES 2 NO OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Residence 6 - Other (Specify) 4 🗌 Nursi 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 1 _ CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of ex med. 29b. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Monthy Day, Year) BE Examiner asplinmo 24 RISON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert F. Larkin M.D.

SILVER.

THAT'S SIGNATURE Pandelle



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 fround be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

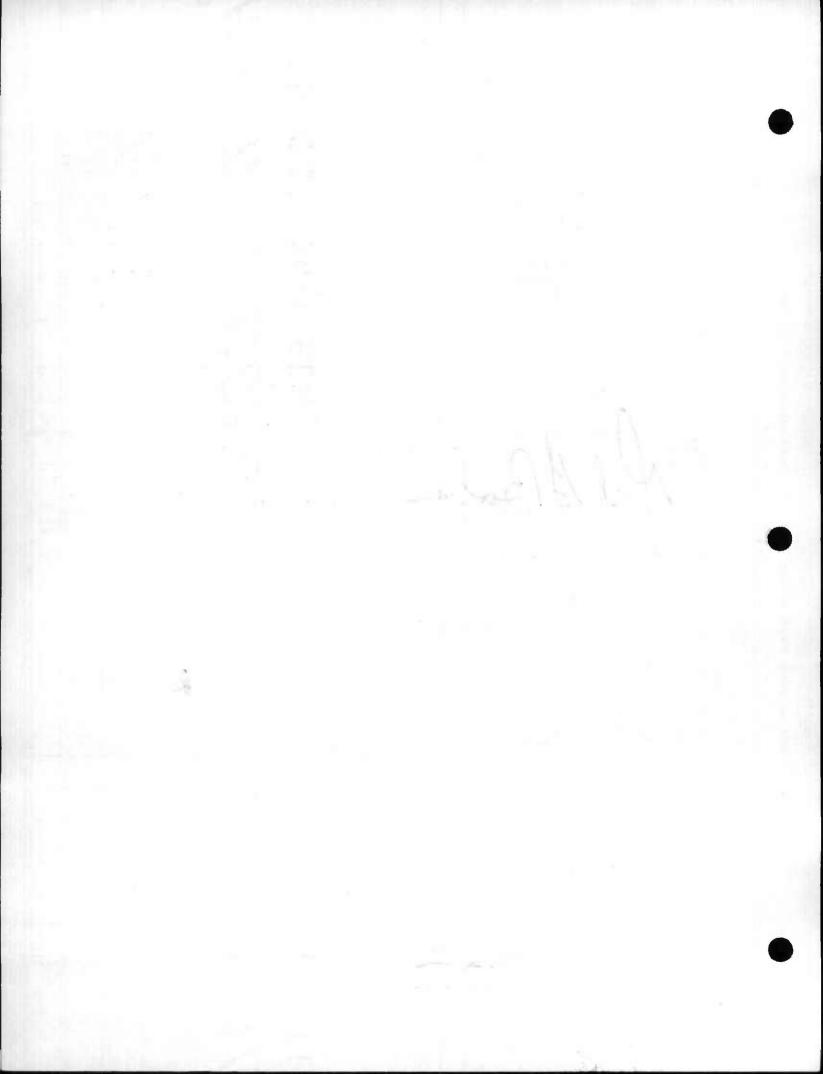
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

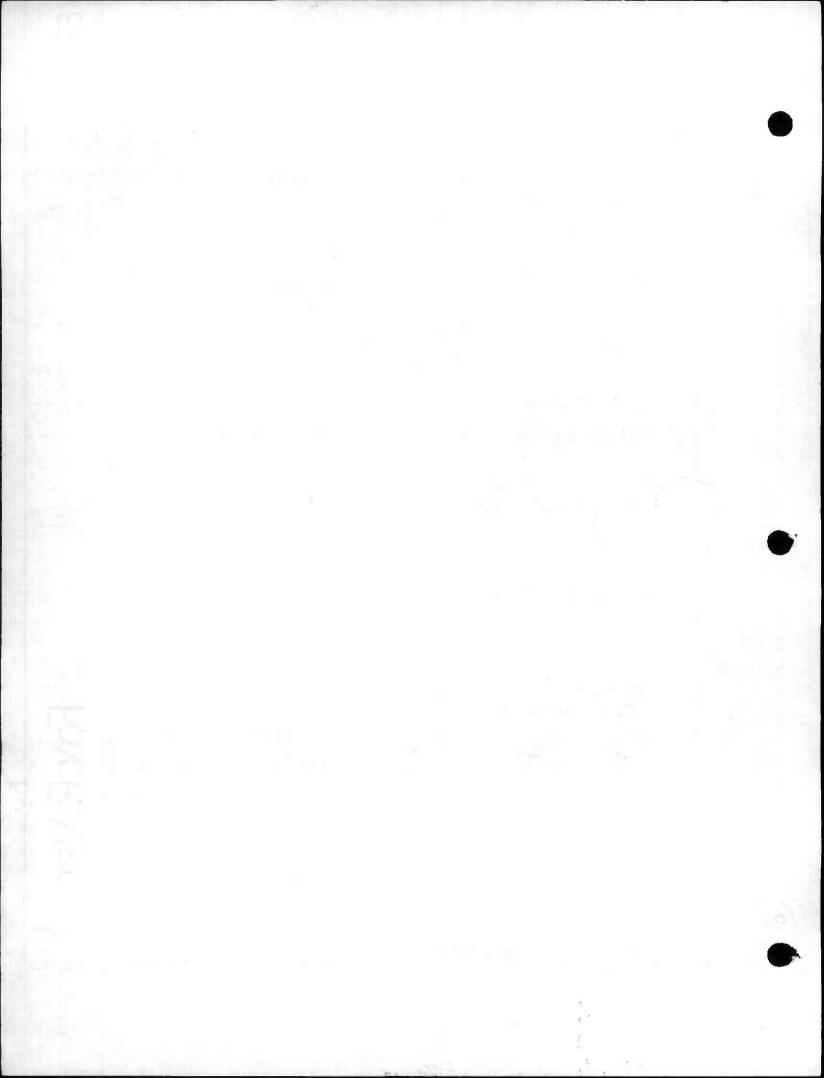
BALTIMORE, MARYLAND 21203-3146

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	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les		MONTHS	DAYS	IF UNDE	R 24 HRS.	(Mo	E OF BIRTH inth, Day, Year)		Count	IPLACE (State or	
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E									ION OF D	EATH		Prince George's			
5	Leland Memorial Hospital Riverdale RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION								LII	nce					
DIRECTOR	Maryland		ce George's Greenbelt									10d. INSIDE CI			
						10f. ZIP CODE				10a CITIZEN			1 YES 2		
P. P.							20770				10g. CITIZEN OF WHAT COUNTRY?				
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	immediate cause (Figure 4) disease of condition resulting in death)	nai		ng Cer	eb		2	J-1-	em	or	rhac	se			
_	disease or condition	nai -			eb	DF):	1		em	or	rhac	ze			
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BY PHYSICIAN: MEDICAL	disease of condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injutat initiated events resulting in death) LAS PART II. Other signification of the cause of t	ant condition TO MEDICAL Pending investigation Could not be detarmined	DUE TO DU	O(OR AS A CONSE O (OR A	OUENCE COLONIA DOME, farm,	OF): OF): OF): OTHE 4 OF JURY M. street, factors	26. P	G CRUSO LACE OF LACE OF DUSY AT DRIVY VES 2	Zer Prue Prue Prue Prue Prue Prue Prue Pr	Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPS:	CCURED COURSE	Onset a Onset a Onset a Onset a Onset a	/ FINDINGS OR TO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other signification of the condition of the con	tions, diete ing ant condition of the co	DUE TO DU	O(OR AS A CONSE O (OR A	OUENCE COLOR TO DOME COLOR TO	OF): OF): OF): OF): OTHE 4 Nu ME OF LUURY M street, fed	26. P	G CRUSO LACE OF LACE OF JUSTY AT JUSTY AT JUSTY AT JUSTY VES 2	Zer Prue Prue Prue Prue Prue Prue Prue Pr	Part I. Part I. 28d. E	24a. WAS AN PERFOR 1 VES 2	AUTOPS MADO	CCURED cor or flural tasted.	Onset a Onset a Onset a Onset a Onset a	FINDINGS OR TO SECULAR NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other signification of the condition of the con	Rions, odiate ING Jury ST Condition Of MEDICAL Pending Investigation Could not be detarmined TITITYING PHYS	DUE TO DUE TO DUE TO C. DUE TO C. DUE TO DUE	O(OR AS A CONSE O (OR A	OUENCE COLOR TO DOME COLOR TO	OF): OF): OF): OF): OTHE 4 Nu ME OF LUURY M street, fed	26. P	CALLACE OF LACE OF JURY AT ORICY YES 2 to and place death occurred to the control of the control	Zer Prue Prue Prue Prue Prue Prue Prue Pr	Part I. Part I. 28d. E to the ce to the ce time, de	24a. WAS AN PERFOR 1 VES 2	AUTOPS' NAMED OF THE PROPERTY	CCURED er or Rural tated.	Onset a Onset a Onset a Onset a Onset a	FINDINGS OR TO F CAUSE NO
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IVA



		REGISTHAR		CE	RIIFI	CALE	JE DEA	III	REG	i. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEA	ATH DAY	3. TIME OF DEATH
1000		Gladys Estelle C							ARCH		1991 8:56 A M
(0)		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		MONTHS D	AR IF UNDER	R 24 HRS. 7	Month, Day, 1 uly 22	TH fear)	8. BIRTHPLACE (State or Foreign Country)
		577-24-7326	1 M 2 XXF	00	YRS.						Washington, D.C.
A. S. S. S. S. S. S. S. S. S. S. S. S. S.	i.	9e. FACILITY NAME (If not institution, give					WN OR LOCATI	ION OF DEAT	Н		INTY OF DEATH
1, 2,	CTOR	DOCTORS COMMUNITY	HOSPITA	L		LANH	AM			PRIN	CE_GEORGE
0es 1	9	10e. STATE 10b. COUNT				, TOWN OR L					10d. INSIDE CITY LIMITS?
permit. Pages	DIRE	Maryland Prin	ice Georg	es	Gree	enbelt					1 TES 2 T NO
E	AL	10e. STREET AND NUMBER					101. ZIP COD				TIZEN OF WHAT COUNTRY?
n. ansit	FUNERAL	14 G Laurel Hill					207	70		U	J.S.A.
20 ysłcia mal-tr	2	11. MARITAL STATUS 1 Never Married 2 Merried		NT EVER IN U.S. AR			DECENDENT (offy Yes or No—	14. RACE — American Indian, Black, White, atc.
215-0020 attending physician. se as the burial-transit	BY	3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆	YES 2 X NO	Specify:			Specify: White
	ED	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL OCCU	PATION		16b. KIND	OF BUSINESS/IN	
212 al or at for use		(Specify only highest gred Elementary/Secondary (0-12)	le completed) College (1-4 or 6	ll for	ve kind of w Do NOT us	rork done duri e retired.)	ng most of world	ing			
Spital spital	립	11			creta	ary			U	.S. Gov	ernment
AND the hospital detached to	COMPLET	17. FATHER'S NAME (First, Middle, Leel)					18. MOT	HER'S NAME	(First, Middle, I	Maiden Surneme)	
RYLAND ed by the hospit uld be detached ed at once.	ш	Samuel W. Brasse	9				Ali	ce E.	Walke	r	
MARY! retained by 5 should be notified at	TO B	19a. INFORMANT'S NAME (Type/Print)								or Town, State, Z	(p Code)
be re ge 5		Helen M. Lightbo	wn	6	024 1	Vava1	Ave. L	anham	, MD.	20706	
BALTIMORE, MARYLAND 2121 after death. Page 6 may be retained by the hospital or att by the funeral director, page 5 should be detached for use moval.		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rer	noval from State	20b. PLACE of cometary.	and Date	or other place	TION (Name			ROG. LOCATION -	- City or Town, State
MO ge 6 firect		4 Donation 6 Other (Specify)	-10	_ Cedar	Hill	or other place Ceme				Suitlan	d. MD.
T. Pa eral c	4	31 MONTATURE OF FUNERAL SERVICE L	ICENSER	1	A		WE AND ADDRE			4308	Suitland Rd.
SAL rr dear he fur ad.		Duyan	LI	elba	ch	Robe	rt E.	Wilhe:	lm, In	c. Suit	land, MD.20746
y filled in I		23. PART I. Enter the disesses, or shock, or heart failure iMMEDIATE CAUSE (Final disesse or condition resulting in death)	List only one de							r reapiratory s	rrest, Approximate interval Between Onset and Death
P.O. BOX 68 th certificate be executed physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a ROSI DUE TO a End	O (OR AS A CONSECUTION OF	DUENCE OF	Fact	ure			Pulmond	y Discol
S 5 5 2		PART ii. Other significant condition	ons contributing t	o death but not i	esuiting i	in the unde	rlying cause	given in Pa		MAS AN AUTOPS	
ECORD: uires that the signed by the Health and Management and Man	EDICAL	breRoug	P A3	olomi	6					YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
O s ps &		Augus	ia	,					_	120 2	OF DEATH? 1 YES 2 NO
REC. v requires been sign rt. of Heal	¥								_		
ITAL RE N: The law requirement of the State Dept. of H Item 23 show	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF	DEATH (Check	conly one)		
VITAL JIAN: The law ritificate has he State Dep or Item 23	Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	Home 6 🗆 F	Residence 6	☐ Other (Spec	elly)	
IL 2 85	PHY	27. MANNER OF DEATH	26a. DATE C (Month,	OF INJURY Day, Year)	26b. TIM	E OF 26	c. INJURY AT WORK?	1	8d. DESCRIBE	HOW INJURY O	CCURED
ON OING PHYS After this death with	ВУ	1 Netural 5 Pending 2 Accident investigation				M	YES 2	□ NO			
ATTENDING ATTENDING ECTOR: After s after death	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he g, etc. (Specify)	ime, farm, i	street, factory	, office	1	Ret. LOCATION City or Town		er or Rural Route Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is man	Ш										
로로	COMPL	const orny	SICIAN: To the best								the cause(e) and manner se stated.
THE HOSPI TO THE FUNER be filed within	TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	7	woo	2	M1	29c. LIG	CENSE NUMB	-549	29d. D/	TE SIGNED (Month, Day, Year)
5)		30. NAME AND ADDRESS OF PERSON W	D.	65/0	Rapo	i Print	Th A	we.	River	dale 1	4.0.20737
		MAR 19 91	32. REGISTI	TAR'S SIGNATURE	Pande	22					·



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR						OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last	eulah Bell	ilae	Carter	r		2. DATE MONTH	OF DEATH		YEAR 9/	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 475-40-8728	R		AGE (In yrs.		UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE	of BIRTH . Day Year) . 5, 1	906	a. BIRTH Countr I OW	PLACE (State or Foreign y) d
Greater Laur	el Be		lospit	- 1	Laur	WN OR LOCATION OF DE	EATH		9c. COUN		eath George
RESIDENCE OF DEC	10b. COUNTY			10c, CITY, T	OWN OR I	OCATION				T	10d. INSIDE CITY
Paryland		ce George				aid Drive	Laur	el, Ma			1 XYES 2 NO
15603 Plaid	Drive				,	20707			U:	SA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 1 3 W Widowed 4 Divor		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	ARMED CD40	13. WAS	B DECENOENT OF HISPAR B, specify Cuban, Mexica YES 2 A NO Specify	NIC ORIGIN in, Puerto f y:	? (Specify Yee Rican, atc.)	or No—	14. RACE Black Speci	Hhite
15. DECE (Specify only	DENT'S EDUC	CATION completed)	16a.	DECEDENT'S US	done duri	PATION ng most of working	16b.	KIND OF BUS	INESS/IND	USTRY	-
Elementary/Secondery (0-	12)	College (1-4 or 5+)		ille. Do NOT use re	etired.)						
12	1.0 1 - 11	2		Homemal	ker				me		
17. FATHER'S NAME (First, Mile John Christe						18. MOTHER'S NA			,		
19e. INFORMANT'S NAME (TV				19b. MAII JAIG AD	DRESS /S	treet and Number or Rural			_	Corle ¹	
Norma McKell						id Drive L			207		
20e. METHOD OF DISPOSITION Marie 2 Cremetion 4 Donetion 6 Other (3 🗆 Reme	oval from State	othe	ce of disposition of the place)		of cemetery, crematory or			cation — c		wn, State
21. SIGNATURE OF EUMERAL	GERMOE LIC	ENSEE	11		22. NAI	ME ANO ADDRESS OF FA	CILITY				
· Kal	all	ulead	ey			ck Funeral Ol Sandy Sp		-		1, M	D 20707
23. PART I/Enter the disabook, or he IMMEDIATE CAUSE (Findisease or condition resulting in deeth)	art fallure.	List only one dause	on/each I	SEOUENCE OF):			h se card	llec or respi	retory arr	est,	Approximats Interval Between Onset and Death
Sequentially list condition	nne C	cr	YPT	06En		CIRAHO	115				725
If any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST	liate NG Ty	ů		SEQUENCE OF):							
		d.									
PART II. Other algorifices		a contributing to de				rlying cause given in	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
										\perp	
25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			THER:	26. PLACE OF OEATH (Ch		,			
1 YES 2 MO		1. Signpatient 2 E		26b. TIME C		c. INJURY AT	1	r (Specify) CRIBE HOW I	NJURY OV	CURED	
1 Natural 5 🗆	Pending	(Month, Day,		INJUR	Υ	WORK?	200. DE	JOHNE HOW I	induni occ	CONED	
3 Suicide 6	nvestigation Could not be latermined	28e. PLACE OF I building, etc	NJURY — At	t home, ferm, stre	et, factory	, office		ATION (Street of or Town, State)		or Rural i	Route Number,
Condon only	75 THE					, date end place, end du					a) and menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	211				29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
	15	4000		mo)	DSS		2	•	3/	16/9/
30. NAME AND ADDRESS OF	7			TTEM 27) (Type, Pr		CAC	1015	-7	200	,	- 182 - 288
31. DATE FILED (Month, Day,		32. REGISTRAR			•	0170	2140	,	1-(1)		
MAR 2	1 '91	Sulia	Davids	n-Randal	2.						
	-	0									DHMH-16 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 Kours after death. Page 6 may be retained by the hospital or attending physician.

THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, shering be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

BALTIMORE, MARYLAND 21203-3146

di b

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages tilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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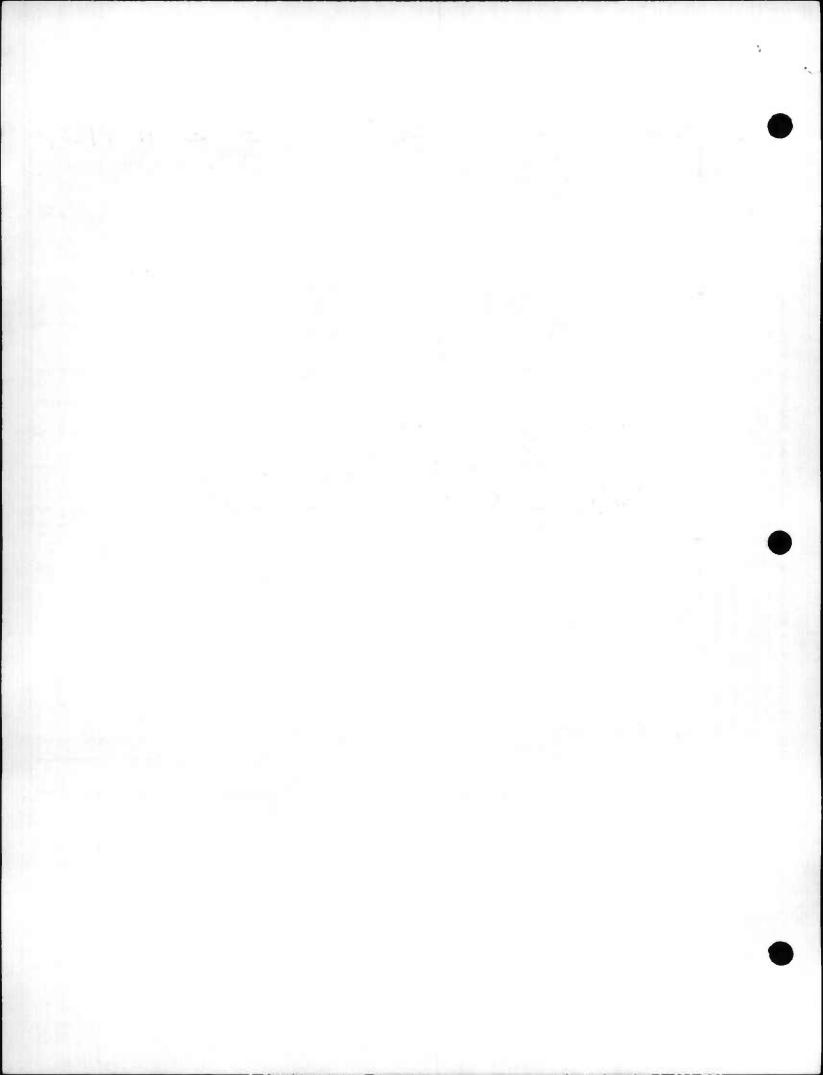
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10 + 1 VA Guerris

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		05007
	Charles Lou		uis Cris	t, Sr.		2. DATE OF DEATH MONTH	3-25-9] 5 9	1 17.50 04
1		1 💢 M 2 🗆 F	66 YRS. MO	UNDER 1 YEAR NTHS DAYS CITY, TOWN O	F UNDER 24 HRS. HOURS MIN.	April 9, 1		BIRTHPLACE (State or Foreigh Country) Pennsylvania
HOB	Union Hospital of		У	Elkton			Ceci	
DIRECT	Maryland Kent			own on Locati ena	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	Well Bottom Cove	Poad			ZIP CODE 21635		10g. CITIZEI	OF WHAT COUNTRY?
BY FUNE		12. WAS DECEDENT EVER IN U FORCES? 1 (2) YES IF YES, GIVE WAR OR DAT WORLD WAR I	2 NO	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No— 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	16. DECEDENT'S EDUCA (Specify only highest grade co	TION sympleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re Carpente	done during mos tired.)	N t of working	16b, KIND OF BL	ructio	TRY
BE COM	17. FATHER'S NAME (First, Middle, Lest) William Cr.	ist			16. MOTHER'S NAI Unkr	ME (First, Middle, Meider NOWN	Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print) Helen C. Crist			, Box		Galena, MI		
	20a. METHOD OF DISPOSITION April 117 Burlel 2 Cremation 3 Remov	S	PLACE OF DISPOSITION (Control Place) S. Peter					or Town, State Pennsylvania
	21. SIGNATURE OF PUMERAL SERVICE LICES	E. Vic	ks	Bow	and Sto	for Funerackton Stre	als, P.	Α.
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPS	th line.	enter the mod	le of dying, suci	h as cardiac or resp	piratory arres	t, Approximata Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	to DG-KI	NS (LYMPI	HOMA		Q MO
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
AL	PART II. Other algnificent conditions	contributing to death but	not resulting in t	he underlying			AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC					•	_		1 YES 2 NO
SICIA		HOSPITAL:		THER:	ACE OF DEATH (Ch	a Cther (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	25b. TIME O	WO	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specify	- At home, farm, street			28f. LOCATION (Street City or Town, State	and Number or	Aural Route Number,
COMPLETED	anal	AN: To the best of my knowled On the basis of examination						ause(s) and manner as stated.
TO BE C	PATTICLE AND TITLE OF CERTIFIED	reve M	1.15.		29c. LICENSE NUN	813	29d. DATE 8	IGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WNO Patricia Greve, N		TH (ITEM 27) (Type, Price 213		ton, MD	21913		,
	31. DATE FILED (March, Day, 16ar)	32. REGISTRAR SISIGNAT	mandale					

DHMH-16 Rev 1/89

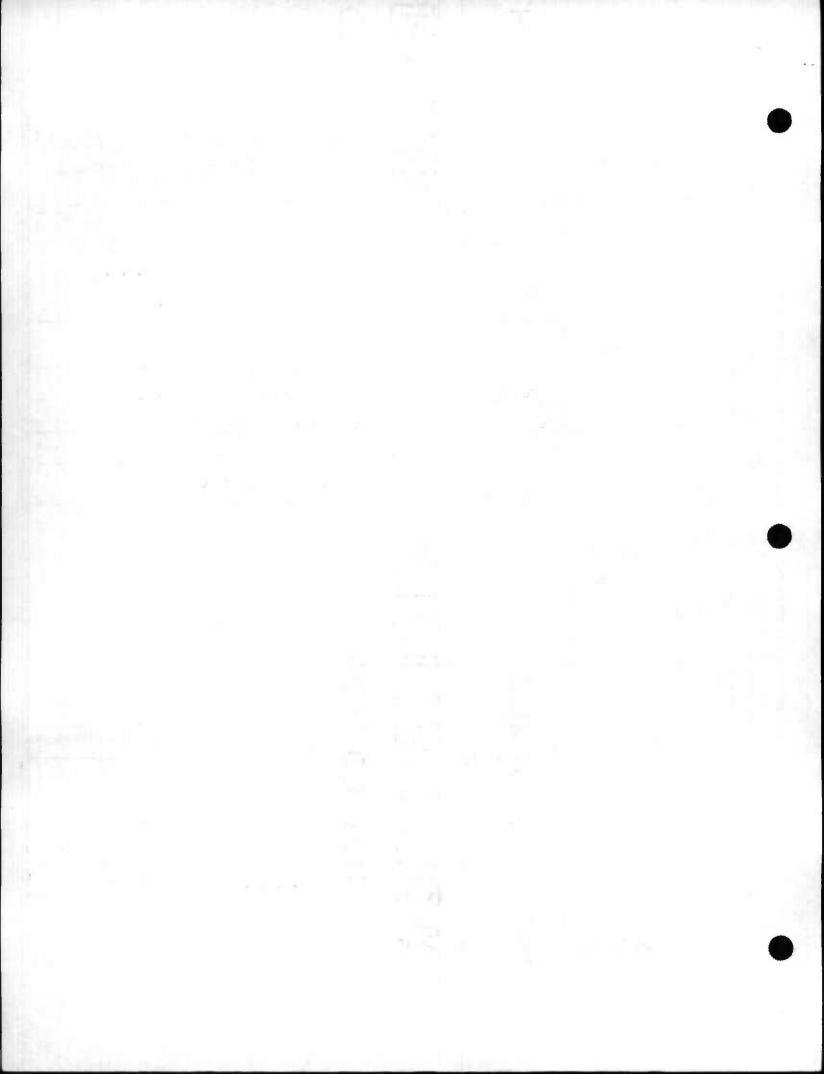


IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIENE			
1. DECEDENT'S NAME (First, Middle, Last) Michael	Christophe	r	Colli	ns	2. DATE MONT	OF DEATH DAY 26		FAR	TIME OF DEATH
214-31-6263	5. SEX 6. AGE		ONTHS DAYS		(Mont	OF BIRTH h, Day, Year) -05~199		Country)	CE (State or Foreign
a. FACILITY NAME (If not institution, give 286 Wilson Stree				or Location of D De Grace	EATH		ec count Harfo		ounty
esidence of decedent o. state aryland Har	ford County		TOWN OR LOC						I. INSIDE CITY LIMITS?
De. STREET AND NUMBER		navi	e De (101. ZIP CODE			10g. CITIZE		YES 2 NO
286 Wilson Stree J. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IF YES, GIVE WAR OR D	2 V NO	If yes,	2 1078 ECENDENT OF HISPA specify Cuban, Maxic ES 2 X NO Specify	an, Puarto			Black, Wi Specify:	American Indian, nite, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo Me. Do NOT use N/A	rk done during	TION most of working	168	N/A			White
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First,	Middle, Maiden St	mame)		
Michael Jame:		100000000000000000000000000000000000000	7.2	et and Number or Rural	Route Num		State, Zip Co	ode)	
Conya Lynn Hende: Da. METHOD OF DISPOSITION Dispuried 2 Cremation 3 Rer Donation 5 Other (Specify)	20	b. PLACE AND OATE (OF OISPOSITIO	Street,	OAT	E 20c. LOCA	TION — CI	y or Town,	
3. PART I. Enter the diseases, or shock, or heart fellure	complications that cause. List only one cause on a SUDDEN IN	ech line.	t enter the r		ch aa car	diac or reapire	tory arrea	it,	Approximete interval Betwee Onset and Deat
Sequentielly list conditions, fam, leading to immediate scuse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:							
ART II. Other significant condition	na contributing to death	but not resulting in	the underly	ing cause given in	Part I.	24e. WAS AN A PERFORM 14-4-YES 2	ED?	CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only o	ne)			
1 TYES 2 NO	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		OF 28c.	ome 5 TResidence	7	er (Specify) SCRIBE HOW IN	JURY OCCU	RED	
1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined	28a. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, sti		YES 2 NO		CATION (Street an or Town, State)	d Number or	Rural Route	Number,
cont only	SICIAN: To the best of my kno								d manner as stated.
bb. SIGNATURE AND TITLE OF CERTIFI	Dight MI)	325	29c. LICENSE NU	JMBER		29d. DATE S		onth, Day, Year)
DONALD G, WRIG	HT MD DOM	e 11		Street I	Balti	more,Ma	ryla	nd 21	201
APR 01 '91	32. REGISTRAR'S SIG	NATURE Non-Mandall							

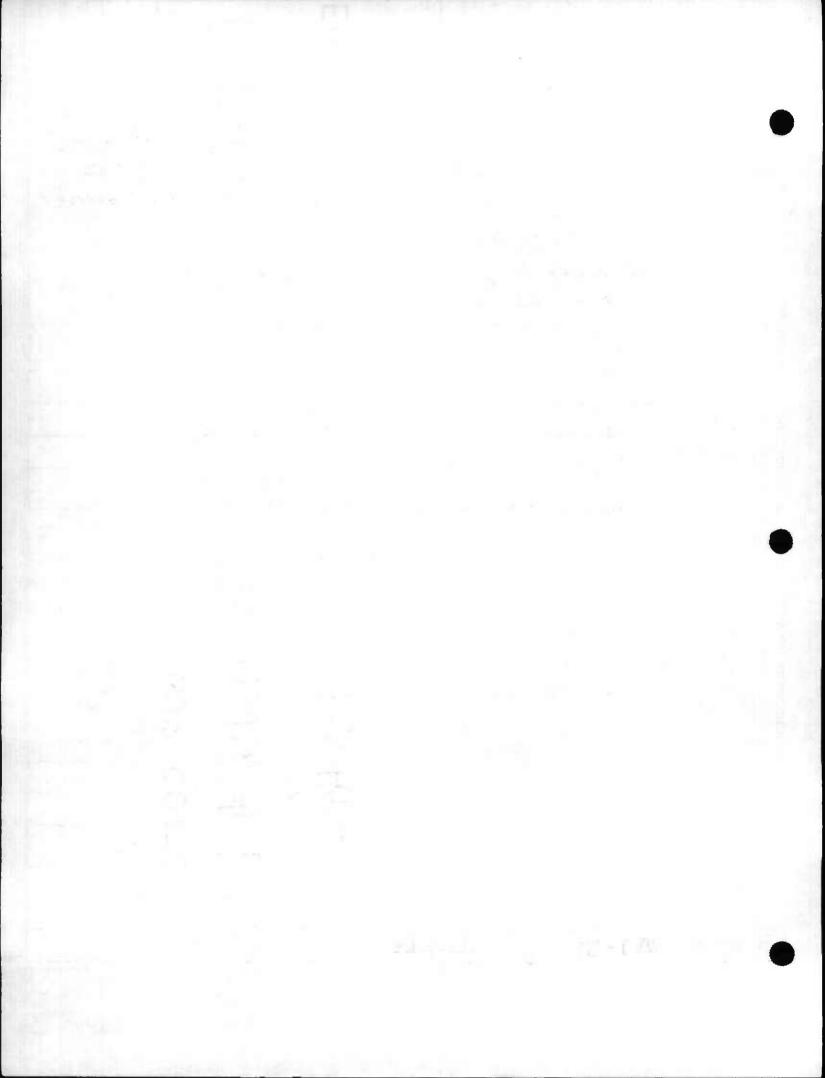


FOR

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y th	De de	at 0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9 6	9	2
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DIM F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	rven
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) G. Clay	k		2. DATE OF D	BEATH DAY	YEAR 91	3. TIME OF DEATH
	420-03-3015 1× 1≥ 1 × 2□F		UNDER 1 YEAR IF UNDER 24 H NTHS DAYS HOURS MI		(Year)	Count	HPLACE (State or Foreign try)
TOR	9e. FACILITY NAME (If not institution, give street and number) Leland Memorial Hospital RESIDENCE OF DECEMENT		city, town or location of Civerdale	DE DEATH		INCE	GEORGES
DIREC	10a. STATE 10b. COUNTY MD PRINCE GEOGR		OWN OR LOCATION	Universi	tv Park		10d. INSIDE CITY LIMITS? 1 DYES 2 NO
FUNERAL DIRECTOR	100 STREET AND NUMBER 4435 WELLS RWU	1	101. ZIP CODE 207	82	10g. C	USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 TV IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF HI If yee, specify Cuber, M 1 YES 2 NO S	exican, Puerto Ricen	ecify Yes or No-	- 14. RAC	CE — American Indian, ck, White, etc. city: White
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5 +	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re Pediatric	done during most of working tired.)		of Business/i	NDUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)	1100100110	18. MOTHER	S NAME (First, Middle		•	
) BE	Samuel Thomas Clark 190. INFORMANT'S NAME (Type/Print)	19b. MAILINO AD	DRESS (Street end Number or F	ribel Gr			
5	Constance J. Clark		lls Parkway.				
	20s. METHOD OF DISPOSITION 1 IX Buriel 2 Cremetion 3 Removal from Stand 4 Disputition 5 Other (Specify)	20b. PLACE AND DATE OF CORT Line		1	Brentw		
	21. SIGNATURE OF PUHERAS SERVICE LICENSEE	/	22. NAME AND ADDRESS OF Hines/Rina	r FACILITY 1di Fune	ral Hom	e	Spring, MD
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	urt Failur Heart & Heart O	istase listase			Interval Between Onset and Death Days years years
MEDICAL	PART II. Other algnificant conditions contributing to dear	^	ha undarlying cause give	4	WAS AN AUTOPS PERFORMED? YES 2 NO		bb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one)			
Y PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 VER/ 27. MANNER OF DEATH 28e. DATE OF INJU. (Month, Day, Ye. 1) 1 Netural 5 Pending Investigation	Outpatient 3 DOA 4	□ Nursing Home 5 □ Realds F 28c, INJURY AT	28d. DESCRI	BE HOW INJURY	OCCURED	
TED BY	2 Discharit	JURY — At home, farm, stre (Specify)	et, factory, office		N (Street and Num own, State)	ber or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my lone) 2 MEDICAL EXAMINER: On the basis of axamis						(s) and menner as stated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Wilson	ant.	29c. LICENS	1932	29d. [7	30/9/
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		t-Wast He	ahway	RIVE	rda/e	-
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAB'S Funa Jay	SIGNATURE					



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

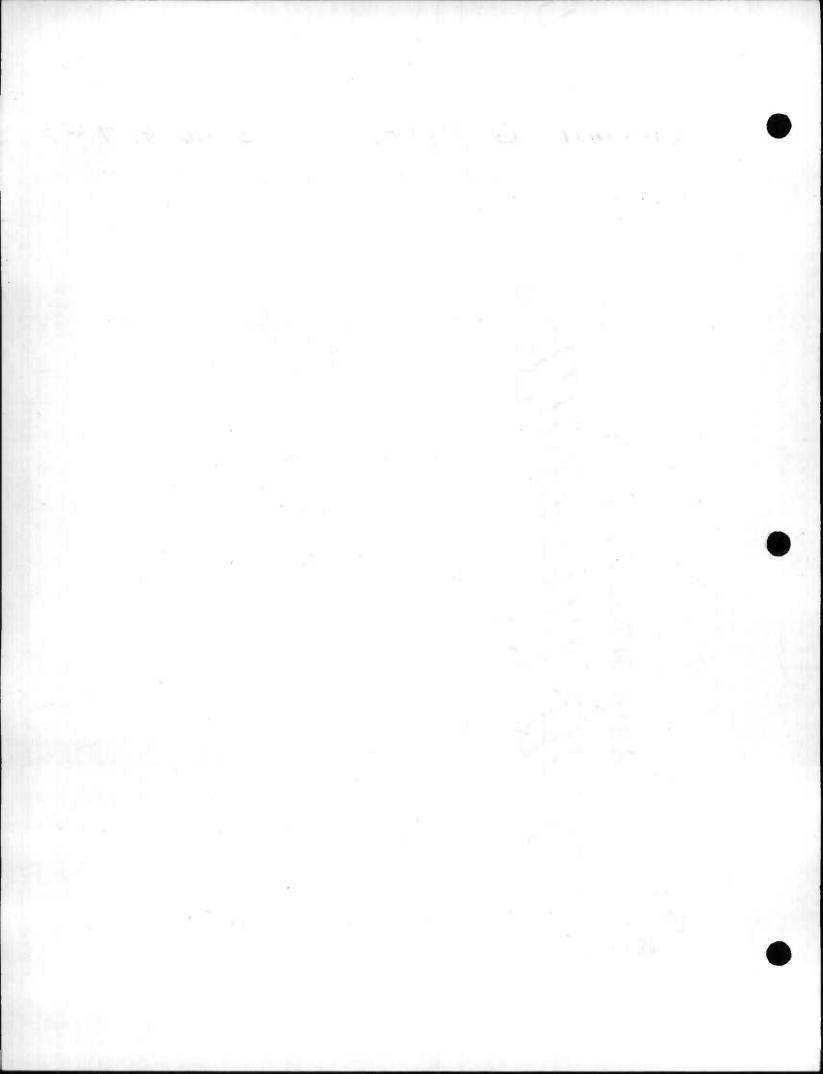
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	0	0		2. OATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
WILLIAM	6.	COOF	7	3-26	-91	75 00 A
			IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
311 30 1402	1 X M 2 D F	63 YRS.		OCT.9,1927		SYLVANIA
9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN OR LOCATION OF C	EATH 9	c. COUNTY OF I	DEATH
SHADY GROVE NURSIN	G CENTER		ROCKVILLE		MONTGO	MERY
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
MARYLAND MON	TGOMERY		ROCKVILLE			LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE	11	og. CITIZEN OF	WHAT COUNTRY?
5814 RIDGWAY AVEN	UE		20851		US	Α.
	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENOENT OF HISPA		No- 14, RAC	E — American Indian, k, White, etc.
Never Married 2 📉 Married	FORCES? 1 TYPE		II yes, specify Cuban, Mexic 1 TES 2 7 NO Speci		Spec	
	1946-194				WHI	TE
15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	18a. OECEOENT'S U	rk done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		NTENDENT	CONSTRI	ICTION	
7. FATHER'S NAME (First, Middle, Last)		I ROAD CON	STRUCTION	AME (First, Middle, Meiden Sur	011011	
FREDERICK A. COOK				CH GWYNNE	name)	
9a. INFORMANT'S NAME (Type/Print)		19b. MAILIND 4	ADDRESS (Street and Number or Rural		State Zin Corie)	
MARGARET L. COOK	(WIFE)			ROCKVILLE, M.		20051
04-METHOO OF DISPOSITION	2	0b. PLACE OF DISPOSIT	TION (Name of cometary, crematory or		TION City or T	
Burial 2 ☐ Cremation 3 ☐ Remove	el from State	other place)	AVEN CEMETERY		2000 300000	G, MARYLAND
1. SIGNATURE OF FUNERAL SERVICE LICEN			22 NAME AND ADDRESS OF E	ICK ITY		
2 11	120		FRANCIS J. CO 500 UNIVERSIT			
disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Alper	A CONSEDUENCE OF)				
PART II. Other aignificant conditions	contribution to death	but not resulting in	the underlying sauce sliver is	Part I. 24a, WAS AN AU	manay Tay	WERE ALIEDADA FAIRNIS
	controduity to desur	but not readiling in	till underlying cause given if	PERFORME 1 YES 2	107	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:		26. PLACE OF DEATH (C			
1 YES 2 NO 1	28a. DATE OF INJURY		OF 28c. INJURY AT		IBV COOLINGS	
1 Natural 5 Pending	(Month, Day, Year			28d. DEŞCRIBE HOW INJU	JRY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, atc. (Sc	RY — At home, farm, str sectly)	reel, factory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,
DODO 2 MEDICAL EXAMINER:	On the basis of examinat		i at the time, date and piece, and du , in my opinion, death occured at th 29c. LICENSE Nt 32c	a time, date and place, and d	lus to the cause	(e) and manner as stated. D (Month, Day, Year)
THOMAS J. N IN DATE FILED (MORIT, Day, Year) APR 1 - 91	9 C DA1 32. REGISTRAR'S SK Juna David	MARA, BNATURE SOM Mandall	" SETTHE	SOA N	D	0817

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within explorits after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 10+1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) I	EDGAR BROWNI	NG CHEWN	ING		2. DATE OF I	DAY	YEAR 9	3. TIME OF DEATH
100	577-12-8996	M2 □ F 75	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF E (Month, De	BIRTN	a. BIRTNP Country) VIRGI	
TOR	9a. FACILITY NAME (If not institution, give atreet HOLY CROSS HOSP) RESIDENCE OF DECEDENT	,	96		SPRING	ATH		ONTGC	
DIRECTOR	10e. STATE 10b. COUNTY	MONTGOMERY	10c. CITY, To	OWN OR LOCAT		;	_		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 603 NORTHWOOD	TERRACE		101	. ZIP CODE	902	10g. CIT	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF NISPAN ocity Cuban, Mexica 2 NO Specify	n, Puerto Ricer		14. RACE - Black, Specify:	- American Indien, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	16a. OECEOENT'S USI (Give kind of work life. Do NOT use re PHOTOGRA	done during mo tired.)	DN at of working		I . A .	DUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last) EDGAR A. CI	HEWNING				ME (First, Middl	le, Meiden Surname)		
TO BE	19e. INFORMANT'S NAME (Type/Print)	ILWITING	19b. MAILING AD	DRESS (Street e	GEORGI and Number or Rural		ROSSON City or Town, State, Zi	p Code)	20902
۲	MARGARET H. CHEV	WNING (WIFE				E, SIL	VER SPRI		
	1 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 01 c	PLACE AND DATE OF	other place) CAN CRE	MATORY		ALEXANDR		
A CALLER	21. SIGNATURE OF FUNERAL SERVICE LICEN	Carl.		FRANCI		CILITY LINS F	UNERAL H	IOME,	
	23. PART I. Enter the diseases, or com shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel	t only one ceuse on as	ch line.	enter the mo	de of dying, auc				Approximeta interval Between Onset and Death
	disease or condition resulting in deeth)	ANDXIC OUE TO (OR AS A	ENCEP	halop	athy			-	6 days
NOI	Sequentially list conditions, if any, leading to immediata	OUE TO (OR AS A RESPIRA DUE TO (OR AS A	TORY CONSEQUENCE OF):	ARRE	ST				6 days
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	SEIZYRE							6 days
DICAL C	PART II, Other eignificent conditions of		it not reaulting in t	the underlyin	g cause given in	Part i. 24	a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ME	CHRONIC Obst	tructive p	ulmonar	y dis	EASE	_ '	YES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 X YES 2 1 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATN (Ch	eck only one)			
rsic		IOSPITAL:		THER:	ne 5 🗆 Residence		Decify)		
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	DRK? YES 2 NO	28d. DESCRI	BE NOW INJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre	et, factory, offic	-	281. LOCATIO City or To	ON (Street end Number own, State)	er or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:	AN: To the best of my knowled On the besis of examination							and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	7 -	0	1	29c. LICENSE NU				(Month, Day, Year)
TO E	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pp	int)	200133			3-20	
	31. DATE FILED (MORITI, Day, Year)	120 DECISTRADE CION	PP3 O G	AMERICA	W St.	TILUX	R Spare	7.09	10
	APR 1 - '91	JUNE DOWN CON	Handell						

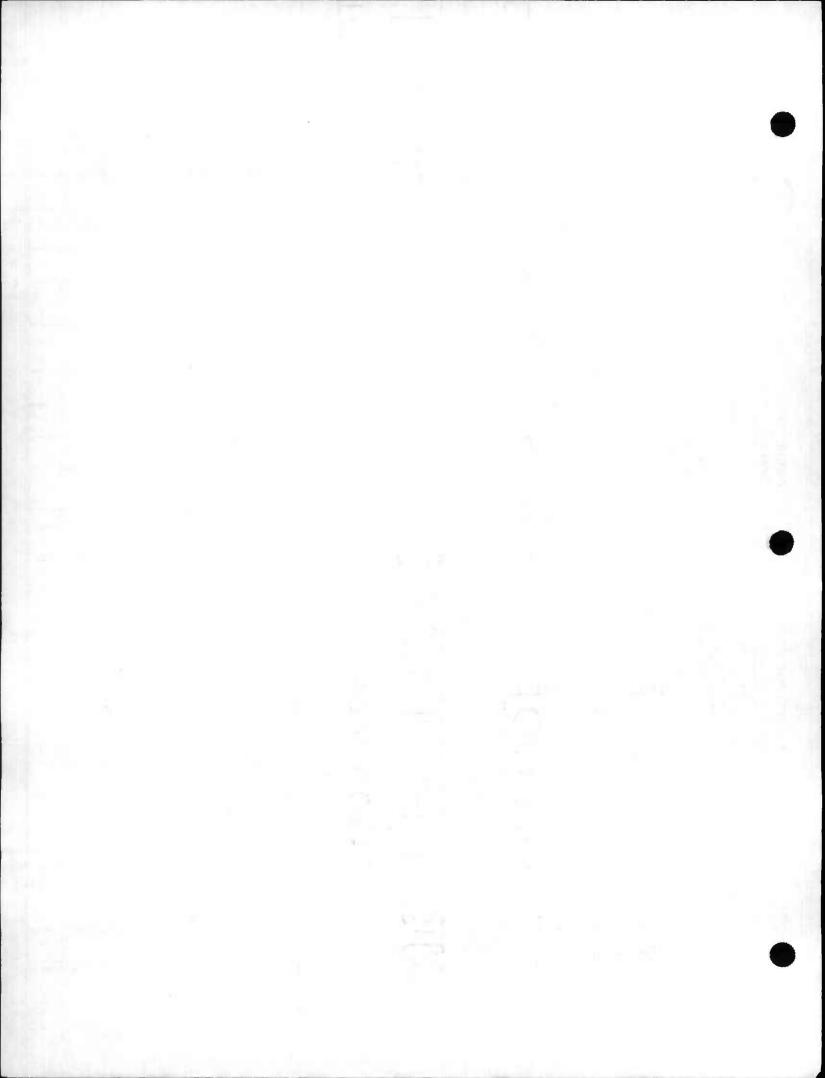
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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

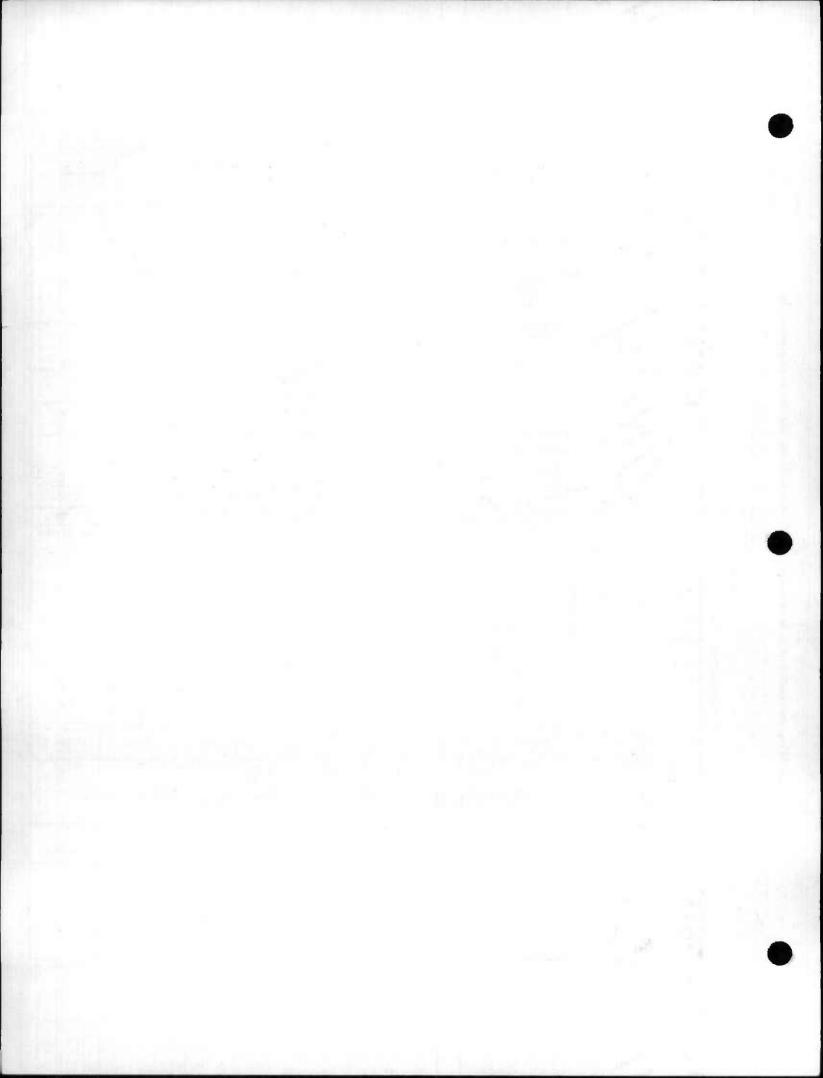
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 16 +

APR 1 - '91



BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit permit. In removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The flux minh 72 hours after death with the State Dest. of Health and Mental Hydele prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows eny Injury, or other traumatic event, the medical examiner must be notified at once.

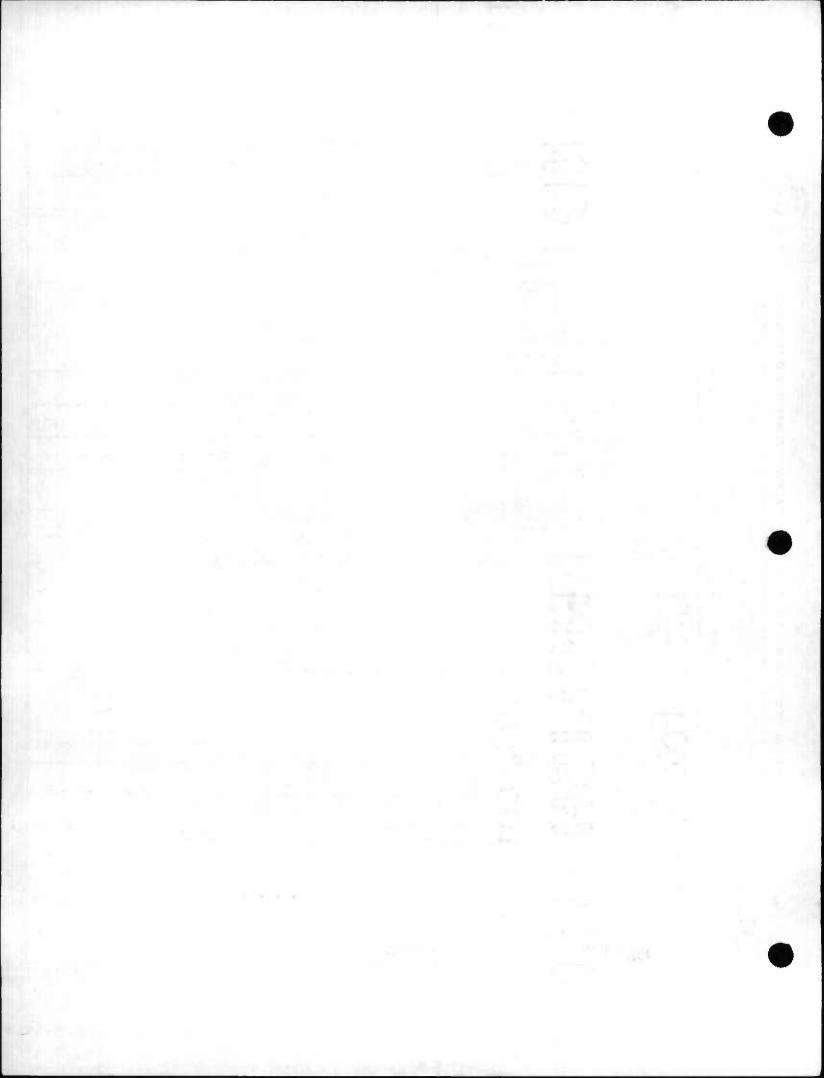
				10/11/20	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, L	est)					2. DATE C		,	RASY	3. TIME OF DEATH
Ralph Leo	n Covingto	n					ch 24,		TEAN	10:10 PM
4. SOCIAL SECURITY NUMBER 258-28-3096	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. i	est birthday) YRS.	IF UNDER 1 YEAR		7 DATE O			Countr	PLACE (State or Foreign
Sa. FACILITY NAME (If not institution, g	give street and number)			9b. CITY, TOW	N OR LOCATION OF D		1	9c. COUNT	TY OF D	
1712 Tweed St	reet			Rock	ville			Mon	+40	merv
1712 Tweed St RESIDENCE OF DECEDENT 10a. STATE 10b. CO			T 400 OTT	Y, TOWN OR LO					1	10d. INSIDE CITY
	Montgomery			Rockvil						LIMITS?
10s. STREET AND NUMBER	ion egomer y		1 4	I	10f. ZIP CODE			10a. CITIZ	EN OF V	WHAT COUNTRY?
1712 Tweed Stre	et				20851			100		States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 NAR OR DATES		If yes,	DECENDENT OF HISPA specify Cuban, Maxic ZES 2 X NO Speci	an, Puerto Ri		or No—	Blac	E — American Indian, k, White, etc.
15. DECEDENT'S (Specify only highest)		16a, E	DECEDENT'S	USUAL OCCUP	ATION most of working	16b.	KIND OF BUSI	INESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5		fe. Do NOT u	nee retired.)	most of working					
	2	M€	chani	ical En					Cond	ditioning
17. FATHER'S NAME (First, Middle, Last	1				18. MOTHER'S N			Surname)		
John Sidney Cov	rington		110000000		Mattie					
19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural					2051
Mary Anne Covin	ngton				treet Roc	KVIII	<u> </u>	-	_	
20s. METHOD OF DISPOSITION 1 ☐ Burlel 2 🏋 Cremetion 3 ☐	Removal from State	other	place)		cometery, cremetory or torium, I	na		ATION — C	-	aryland
4 ☐ Donation 8 ☐ Other (Specify) . 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Pronce	JOINEL		•					
* Will &	Bour		100672	2 Hom Ave	e/Rockvil nue, Rock	le î viile	nc. Mary	land	208	mrey Funer Montgomer 350-2805
	, or complications ∕the	at caused the	daeth. Do	not enter tha	mode of dying, su	ch aa cardi	iec or respir	ratory erre	st,	Approximata
	ure. List only one car		Lung	Cancer	mode of dying, su	ch ae cerdi	iec or respir	ratory erre	est,	Interval Betwee
ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition	a. Meta DUE TO DUE TO C. DUE TO	use on each No	Lung	Cancer		ch as cardi	ec or respir	atory erre	est,	Approximate Interval Betwee Onset and Dec 8 Month:
ahock, or heart fall immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Meta DUE TO DUE TO DUE TO d.	use on each li a static o (or as a cons o (or as a cons	Lung EQUENCE O	Cancer			24a. WAS AN PERFORI	AUTOPSY MED?		Interval Betwee Onset and De 8 Month 8 Month 9
ahock, or heart fall immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Meta DUE TO DUE TO DUE TO d.	use on each li a static o (or as a cons o (or as a cons	Lung EQUENCE O	Cancer			24a, WAS AN PERFORI	AUTOPSY MED?		Interval Betwee Onset and De 8 Month
ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Meta DUE TO DUE TO d. DUE TO	USE ON SECOND OF AS A CONS	Lung EQUENCE C EQUENCE C	Cancer PF: PF: In the under		n Part I.	24a. WAS AN / PERFORITO 1 U YES 2	AUTOPSY MED?		Interval Betwee Onset and De 8 Month 8 Month 9
ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO d. Bitions contributing to AL HOSPITAL: 1 Inpetion: 2 28a. DATE O (Month, i	use on each lical static D (OR AS A CONS D) (OR AS A CONS D) (OR AS A CONS D) (OR AS A CONS D) (OR AS A CONS	Lung EQUENCE C EQUENCE C	Cancer PF: PF: In the underl OTHER: 4 Nursing I ME OF 28c. SURY 28c.	ying cause given in	heck only one	24a. WAS AN / PERFORITO 1 U YES 2	AUTOPSY MED? XINO	244	Interval Betwee Onset and De 8 Month 8 Month 9
ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 KNO 27. MANNER OF DEATH 1 Natural 5 Pending	AL HOSPITAL: 1 Due To d. AL HOSPITAL: 1 Description of the be building to building to building to building to building to building to building to building to building to building to building to building to building to building to building the building to building the building to building the building to building the building to building the build	use on each licastatic Distatic Distatic Distatic Distatic Distance Distanc	Lung EQUENCE C EQUENCE C Tresulting	Cancer OF): In the underl OTHER: 4 Nursing I MU OF UNITY M 1	ying cause given in PLACE OF DEATH (Come & M. Residence Injury AT WORK? YES 2 NO	heck only one 6 Other 286, DES	24a. WAS AN PERFORI 1 YES 2	AUTOPSY MED? X1.40	244	Interval Betwee Onset and De 8 Month 8 Month 19
ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 8 Could no determine 29a. CERTIFIER Check only	AL HOSPITAL: 1 Due To d. AL HOSPITAL: 1 Description of the be building to building to building to building to building to building to building to building to building to building to building to building to building to building to building the building to building the building to building the building to building the building to building the build	use on each lic a Static D (OR AS A CONS D (OR	Lung EQUENCE C EQUENCE C EQUENCE C Transiting DOA 28b. Till IN home, farm,	Cancer OF): OF): In the underl OTHER: 4 Nursing I ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (C) tome 8 & Residence INJURY AT WORK? YES 2 NO	heck only one 6 Other 28d. DES	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? NJURY OCC	UNED UNED or Pural	Interval Betwe Onset and Dei 8 Month: 8 Month: B. WERE AUTOPSY FINDIN ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has find within 70 hours after death with the State Deut of Health and Mental Hivingen prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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JOSEPH	, Middle, Last)			CERTIF	ICATE C	PF DE	АГП	REG. NO		-0	3. TIME OF DEATH
		ANTO			CLC	-		03	4	1991	1:45 p
4. SOCIAL SECURITY NUM 219-84-0!		5. SEX 1 ☑ M 2 ☐ F		. lest birthday) 29 yrs.	MONTHS DAY	_	DER 24 HRS. D MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-27-62		Count	Maryland
9e. FACILITY NAME (If not is	nstitution, give	atreet and number)			9b. CITY, TOY	N OR LOCA	ATION OF D	EATH	9c. COU	NTY OF C	DEATH
221 ASHLE	AVEN	IUE			ROCKY	ILLE			MO	NTGO	MERY
10e. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
MARYLAND		MONTGOM:	ERY	S	ILVER	SPR	ING				1 TES 2 NO
13301 DOG		DRIVE				10f, ZIP C	209	05		USA	WHAT COUNTRY?
11 MARITAL STATUS 1 Nover Merried 2 3 Wildowed 4 Div		12. WAS DECEDED FORCES?	YES 2	X Xio	It yes	specify Cu		NIC ORIGIN? (Specify Yo an, Puerto Ricen, atc.) ly:	e or No—	Blec	E — American Indian, k, White, etc.
15. OE/ (Specify or	CEDENT'S EO	UCATION de completed)	164	. OECEDENT'S	USUAL OCCUP	ATION	rkina	16b, KINO OF BU	ISINESS/IN	OUSTRY	
Elementary/Secondary (,	1/2 yr.	+)	me. Do NOT LIE	mploye		· · · · · · · · · · · · · · · · · · ·				
17. FATHER'S NAME (First, A						16. M		AME (First, Middle, Meide	Surname)		
JOSEPH CI				405	1000000			H BUDD		- 0	
RUTH CLOU		OTHER)						Route Number, City or To , Silver			, MD 2090
20e. METHOD OF DISPOSIT	on 3 🗆 Ret	moval from State	20b. PL of cerns	ACE AND DATI	E OF DISPOSIT	ION (Name	1 Da	DATE 20c. L	OCATION -		dover, MI
4 Donation 6 Other		JCENSEE	_ 111	armon							aover, m
1/000	10.11	7 Aug.	wol l	11/				ERAL HOM	E, P	.A.	
Sequentielly list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injustant initiated events resulting in death) LA:	ring ury	DUE TO	(OR AS A CO	NSEQUENCE O	P):	1	7′				
	ent condition	ons contributing to	death but i	not resulting	in the under	lying caus	e given ir		RMED?	24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other signific										- 1	
25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL				6. PLACE O	F DEATH (C	heck only one)			
25. WAS CASE REFERRED EXAMINER? W YES 2 NO	TO MEDICAL	HOSPITAL:			OTHER: 4 - Nursing	Home 6 X	Rasidenca	6 Other (Specify)			
25. WAS CASE REFERRED EXAMINER? W YES 2 NO 27. MANNER OF DEATH	1.7	1 Inpatient 2		28b, TIN	OTHER: 4 Nursing IE OF 28c	Home 6 A	Rasidenca		INJURY O	CCURED	
25. WAS CASE REFERRED EXAMINER? Y YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	TO MEDICAL. Pending Investigation	1 ☐ Inpatient 2 28a. DATE 0 (Month,	FINJURY Day, Year)	28b. TIN IN.	OTHER: 4 Nursing RE OF 28c JURY 1	Home 6 ANDURY AT WORK?	Rasidenca	6 Other (Specify) 28d. DESCRIBE HOW SUBJECT	SHOT	BY	POLICE
25. WAS CASE REFERRED EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending	1 Inpatient 2 28a. DATE O (Month, 0 3 / 1 28e. PLACE building	FINJURY Day, Year) 4 / 1991 DFINJURY — , etc. (Specify)	28b, TIN	OTHER: 4 Nursing RE OF 28c JURY 1	Home 6 ANDURY AT WORK?	Rasidenca	6 Other (Specify)	SHOT	B'S	POLICE
25. WAS CASE REFERRED EXAMINER? WY YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 Suicide 29e. CERTIFIER 1 CERT	Pending Investigation Could not be determined	1 Impatient 2 28a. DATE 0 (Month, 1 3/1 28a. PLACE building	FINJURY Day, Year) 4 / 1991 DFINJURY — , etc. (Specify) T. HOME	28b. TIN IN. 1 : 4 At home, farm,	OTHER: 4 Nursing IE OF 28c JURY M 1 5 n 1 street, factory,	Home 6 A WORK? WORK? YES	Residence	6 Other (Specify) 28d. DESCRIBE HOW SUBJECT 281. LOCATION (Stree-City or Town, State ROCKVILID	SHOT end Numb 221	ASHI	POLICE ROUTE NUMBER, DEY AVENUE
25. WAS CASE REFERRED EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 Suicide 6 Check only 29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	28a. DATE O (Month, 1 28a. PLACE building	FINJURY Dey, Year) 4 / 1991 DF INJURY — , etc. (Specify) THOME If my knowledge	28b. TIN IN. 1 • 4 At home, farm,	OTHER: 4 Nursing NE OF 286 JURY M 1 Street, fectory,	Home 6 0	Rasidenca NO No	6 Other (Specify) 28d. DESCRIBE HOW SUBJECT 28t. LOCATION (Stree City or Town, Stail ROCKVILLI e to the cause(e) and m	SHOT end Numb 221 E, MA	ASHI RYLA	POLICE ROUTE NUMBER, DEY AVENUE
25. WAS CASE REFERRED EXAMINER? EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 Homicide 29e. CERTIFIER (Check only one) 2 ME	Pending Investigation Could not be determined	28e. PLACE building A CSICIAN: To the basic of	FINJURY Dey, Year) 4 / 1991 DF INJURY — , etc. (Specify) THOME If my knowledge	28b. TIN IN. 1 • 4 At home, farm,	OTHER: 4 Nursing NE OF 286 JURY M 1 Street, fectory,	Home 6 ANDURY ANDURY ANDURY PES office	Residence NO No lece, end du	6 Other (Specify) 28d. DESCRIBE HOW SUBJECT 28t. LOCATION (Streechty or Town, State ROCKY TITLE to the cause(e) end me time, date and place,	SHOT end Numb 221 E, MA anner as st and due to	ASHI RYLA tated.	POLICE Route Number, LEY AVENUE LND (e) end menner se stated
25. WAS CASE REFERRED EXAMINER? WY YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 Suicide 6 COHECK Only 29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	28e. PLACE building A CSICIAN: To the basic of	FINJURY Dey, Year) 4 / 1991 DF INJURY — , etc. (Specify) THOME If my knowledge	28b. TIN IN. 1 • 4 At home, farm,	OTHER: 4 Nursing NE OF 286 JURY M 1 Street, fectory,	Home 6 ANDURY ANDURY ANDURY PES office	Residence NO NO Loce, end du coured at th	6 Other (Specify) 28d. DESCRIBE HOW SUBJECT 281. LOCATION (Streechly or Town, State ROCKVIII) e to the cause(e) end me e time, date and place,	SHOT end Numb 221 E, MA anner as st and due to	ASHI ASHI RYLA tated. the cause	Route Number, JEY AVENUE AND (a) end menner se stated (b) (Month, Day, Year)
25. WAS CASE REFERRED EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 Nomicide 29e. CERTIFIER (Check only one) 2 ME	Pending Investigation Could not be determined TIFYING PHY DICAL EXAMILE	28e. PLACE building A CSICIAN: To the basic of	FINJURY Day, Year) 4 / 1991 OF INJURY — , etc. (Specify) THOME if my knowleds examination an	28b, TIM IN. 1 • 4 At home, farm, je, death occurr d/or investigation	OTHER: 4 Nursing IE OF 28c JURY M 1 Street, fectory, red at the time, on, in my opini	Home 6 ANDURY ANDURY ANDURY PES office	Residence NO No lece, end du	6 Other (Specify) 28d. DESCRIBE HOW SUBJECT 281. LOCATION (Streechly or Town, State ROCKVIII) e to the cause(e) end me e time, date and place,	SHOT end Numb 221 E, MA anner as st and due to	ASHI ASHI RYLA tated. the cause	POLICE Route Number, LEY AVENUE LND (e) end menner se stated

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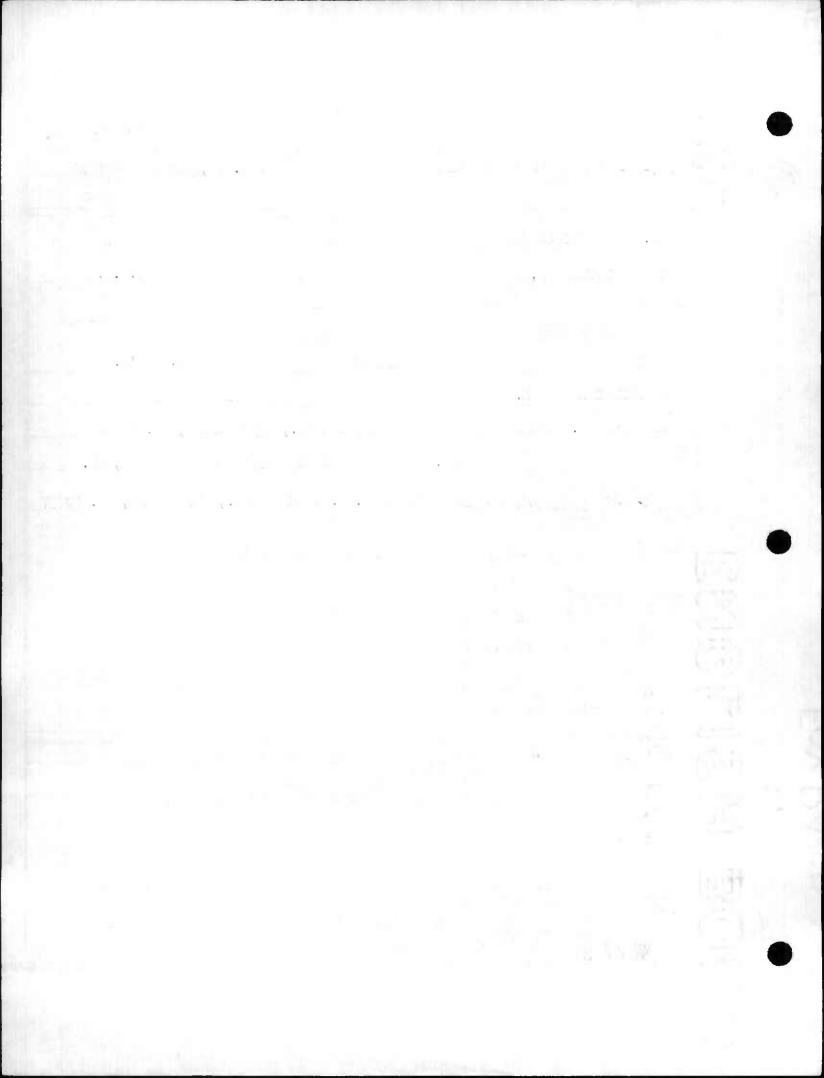
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CI	ERTIF	CATE O	F DEAT	Ή		REG. NO.	_			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF			100.40	3. TIME OF DE	EATH
Clarence Je	rome	COHEN						March	2	6	1991	7:55	a.
4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (In yra. las	t birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7 DATE OF	RIRTH		8, BIRTI	HPLACE (State or	Foreign
197-10-292		1 M 2 □ F	81	YRS.	MONTHS DAY		MIN.	JAN.				SEORGIA	
90. FACILITY NAME (If not ins					96. CITY, TOW LANHA	n of location	ON OF D	EATH			NCE	GEORGE	
RESIDENCE OF DEC	EDENT												
MD.	PRII	NCE GEORG	ES	10c. CIT	Y, TOWN OR LO							10d. INSIDE C LIMITS? 1 X YES 2	
10e. STREET AND NUMBER						10f, ZIP CODE	E			10g. Cl	TIZEN OF	WHAT COUNTRY	7
	MORE					207						5.A.	
11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divor		12. WAS DECEDEN FDRCES? 1 IF YES, GIVE V	YES 24	RMED NO	If yes	DECENDENT O pecify Cube res 2 10 NO	n, Mexic	an, Puerto Ric		or No—	14. RAC Blac Spec	E — American in ik, Whita, etc. iiiy: WHITE	idlen,
15. DECE (Specify only	DENT'S EDI		16a. Di	CEDENT'S	USUAL OCCUP	ATION		16b. K	IND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-		College (1-4 or 8	Hite	. Do NOT us	TTECT	most of working	Ŋ		FF	D. C	r vo	1.	
17. FATHER'S NAME (First, Mile	ddle, Last)					18, MOTI	HER'S N	AME (First, Mid	idle, Malden	Sumame)	_		
MAXIMILLI		М.	COHEN					FLOSSI			RUSI	Y	
19a. INFORMANT'S NAME (Ty CLARENCE		COLLEGA		1000	ADDRESS (Str			7 4 2 3 3 115 147	100				
	н.	COHEN	_	928		ISH DR	ا وه			_			
20s. METHOD OF DISPOSITION 1 Section 2 □ Cremation 4 □ Donation 6 □ Other	n 3 🗆 Rer	noval from State			or other place) OLN CE			3/29/				own, Stata	
21. SIGNATURE OF FUNERAL		ICENSEE		TITIAC		E ANO AODRE	_		31 1	ר אויקדאני	WOOL	, IVII)	
· 1/11	1-11	amber	110 x	10009	י זגו ר	I CHA	Morri	20 00	מ פ	דכוקה דו	ATT	MD. 20	0727
23. PART I. Enter the di	seases, or	complications the		-								Approx	
	art fallure	. List only one car			1		9 0	/					l Between and Deat
disease or condition resulting in death)	→	Sta	te K	enfe	relon	r for	cit	lune					
		DUE TO	(OR AS A CONSE	QUENCE O	FI 1	100	. 0	15 /	2			1	
Sequantielly list conditi	ons,	b. /200	(OR AS A CONSE	GUENCE O	182	nce	nl	m f.	nui.	Melle	conv	in	
If any, leading to immed cause. Enter UNDERLY		M 9 9	1 ms Flo	A.C.	land	ACP	-2	1.1-				j	
CAUSE (Disease or Injur		c. OUE TO	(OR AS A CONSE	QUENCE O	คะ /	7 0						+	
that initiated events resulting in death) LAS		Hora	a Boot	thron	m/n 2	com	iq						
	-	4-11-	0.1.20.0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V.								
PART II. Other algolifice	to	celle	lan	Car	ein		given Ir		PERFO	RMED?	24	b. WERE AUTOPS AMILABLE PRI COMPLETION (OF DEATH?	IOR TO
(2)	renj	cluses	li	ver	<u> </u>							1 YES 2	□ NO
25. WAS CASE REFERRED TO	MEDICAL					B. PLACE OF D	MEATH A	hank ank or -1					
EXAMINER?	MEGICAL	HOSPITAL:	☐ ER/Outpatient	9 [] DO4	OTHER:								
27. MANNER OF DEATH		26a. DATE Of		26b. TIN		Home 5 AR	esidence		Specify)	IN RIDY O	CCURED		
1 Natural 5	Pending Investigation	(Month, i	Day, Year)	IN.	JURY	WORK?	□ NO	200. 0230	NIBE NOW	INJUNT O	CCORED		
3 Suicide 6	Could not be detarmined	28e. PLACE (building	OF INJURY — At h , etc. (Specify)	ome, ferm,	street, factory,	office			TON (Street Town, State		er or Rurai	Route Number,	
(Critical Griff)		SICIAN: To the best of										(a) and manner	an eleted
			#-		on, army opin				na prece, e				
29b. SIGNATURE AND TITLE	OF CERTIFI	Hyay	1	NIA OHIL	oi CLA	n 9	ENSE NI	UMBER		29d. D	Z /	26 A	sar)
30. NAME AND ADDRESS OF	PERSON W	THO COMPLETED CAL	JSE OF DEATH (IT				970	(0		1	11 1	41 . 42 . 5	_
YADLA	M.D	94	70 An	NAT	ocis	2d	Su	i#3	08 2	AN	# #	207	06
31. DATE FILED (Month, Day,	%ar)	32. REGISTR	AR'S SIGNATURE	Banda DO	2.								



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
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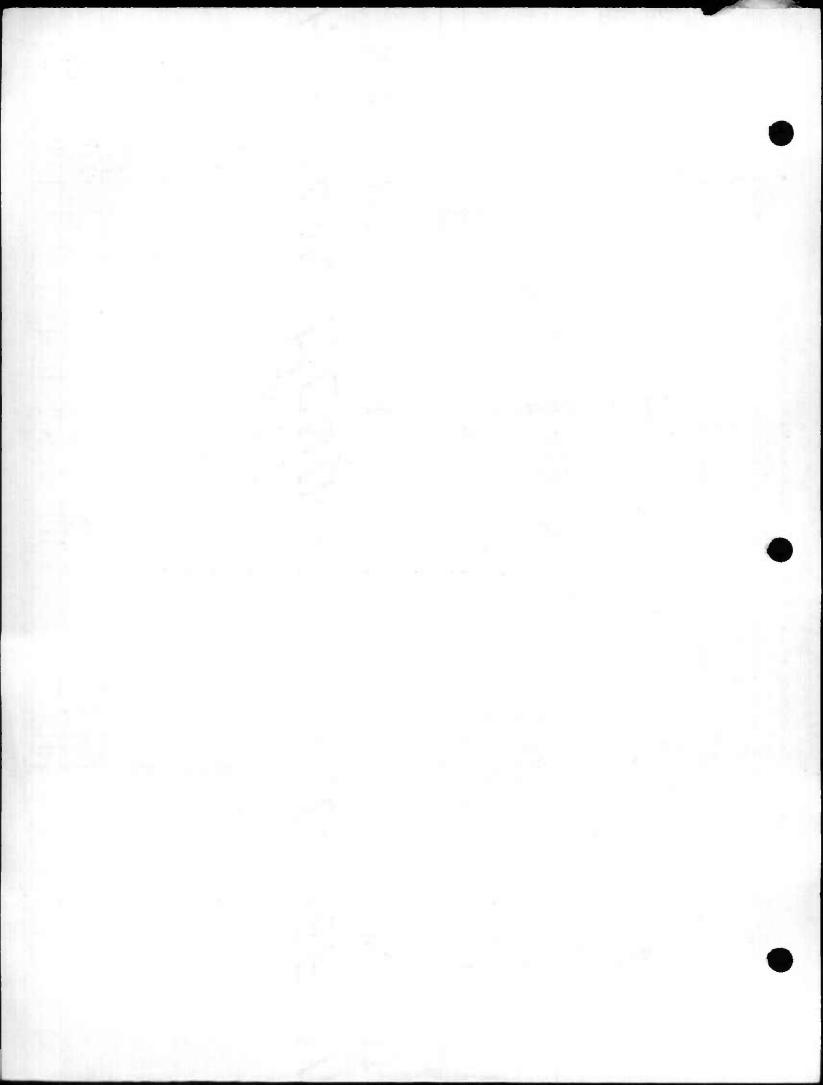
Suicide a Could not be determined							
Natural 5 Pending Investigation	28e. PLACE OF INJUR building, etc. (Spe	/ — At home, farm,	M 1 🗆	YES 2 NO	281. LOCATION (Street City or Town, State		Rural Route Number,
AS CASE REFERRED TO MEDICAL KAMINER? YES 2 NO NNNER OF DEATH	28s. DATE OF INJURY	28b. TIM	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 Other (Specify)	INJURY OCCUR	ED
			in the underlyic	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDIN MALLABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
ientially list conditions, y, leading to immediate e. Enter UNDERLYING SE (Disease or injury initiated events tring in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	F): F):				
ANT I. Enter the decases, or a shock, or heart fellure. EDIATE CAUSE (Final isse or condition ting in death)	List only one cause on e	estive 1	Heart :	Failure	Pure		Onset and De
Decrapt K	Inour	den	SNO	VDEN FU	NERAL HOM MD 2085)	
IETHOD OF DISPOSITION Surlet 2 Cremation 3 Rem Conation 5 Other (Specify)	oval from State	PLACE OF DISPOS	Memor:	motory, cromatory or Lal Cem	. 20c, LC	CATION — City	or Town, State
FORMANT'S NAME (Type/Print)				An:	nie Johns	On m, Stete, Zip Co	
15. DECEDENT'S EDU- (Specify only highest grade ementary/Secondary (0-12) 6 th	DATION completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	vork done during m retired.)	nanic			RY .
RITAL STATUS Never Married 2	FORCES? 1 YES	2X NO	If yes, sp	ecity Cuban, Mexica 3 2 ZNO Specif	in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White etc. Specify: Black
TREET AND NUMBER 0008 Chandlee	Mill Road	1	10		0		OF WHAT COUNTRY?
TATE 10b. COUNTY		10c, CITY	Y, TOWN OR LOCA	TION		Tion	10d. INSIDE CITY LIMITS? 1 {XYES 2 \sum NO
		ital			EATH		of DEATH
L2-16-9050	1 및 M 2 □ F 7		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 1-13-19	6.	Country) Maryland
Tames Camphe	1				MONTH D	4 9:	
	EGISTRAR EDENT'S NAME (First, Middle, Lest) I ames Campbe HAL SECURITY NUMBER 2-16-9050 CILITY NAME (II not Institution, give at Control of December 1 ATT I DECEDENT'S EDUC (Specilly only highest grade of the Control of the Co	EGISTRAR EDENT'S NAME (First, Middle, Last) IAMES CAMPADE 1 SAL SECURITY NUMBER 5. SEX 6. AGE (2-16-9050 1 M 2 F 7: CHITY NAME (If not institution, give street and number) DITCOMETY CENERAL HOSP: ATE 10b. COUNTY 10b. COUNTY ATE 10b. COUNTY 10b. COUNTY ATE 10b. COUNTY 11 M 11 ROAD TREET AND NUMBER 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO Specify only highest grade completed) TOTAL STATUS 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO Specify only highest grade completed) TOTAL STATUS 15. DECEDENT'S EDUCATION (Specify only highest grade completed) TOTAL STATUS 16. DECEDENT'S EDUCATION (Specify only highest grade completed) TOTAL C. Walker (Daughter) TOTAL C	EDENT'S NAME (First, Middle, Last) IAM SECURITY NUMBER S. SEX 2-16-9050 IMM 2 F 72 YRS. CHITY NAME (If not Institution, give street and number) ON COMETY CENERAL HOSPITAL ATE 100. COUNTY 100. COUNTY 100. C	EDENT'S NAME (First, Middle, Last)	EDENT'S NAME (First, Middis, Last) IAM SECURITY NUMBER 1. S. SEX 1. C. A. AGE (in yrt. list birtholy) 2. — 16 — 90.50 1. C. TY, TOWN OR LOCATION OF DECEDENT ATE 1. Dis. COUNTY AND 1. DIS. COUNTY AND 1. DIS. C	DEBRYS MAME (First, Medde, Last) ITAM SEC CAMPIDE 1 ALL SECURITY NUMBER S. SEX 2-16-9050 I RM 2 P 72 YRS. SOME (First, Medde, Last) PURCEST TAME IN PLACES IN SEC. OF DEATH SOME DATE OF DEATH ON 2 P 1-13-19 SECTIVE TOWN OR LOCATION OF DEATH OLONG PROPERTY ITY LAND SECTION OF DEATH OLONG PROPERTY ITY SAME (First, Medde, Last) 12. WAS DECEMBENT SEDUCATION OR CHARLES (Last) 13. WAS DECEMBENTS ON FAMILY (Report) (Very Notion, Medicine, Notion, Med	CERTIFICATE OF DEATH REG. NO. ITAM SECURITY MANUER (Phys. Modific. Laut) ITAM SECURITY HUMBER 1. S. SEX S. AGE (in yrs. last birthoday) F. Modific Dury NOUTHER DURY DOTTE DURY DUR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CHUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

gula Davidson Mandell

31. DATE FILED (Month, Day, Year)
WAR 27 '91



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24 nours	ly filled in	ation, or re	the med
uted within	1 complete	urial, crem	ic event,
ite be exec	ysician and	prior to by	traumat
th certifica	ending ph	Il Hygiene	or other
at the dea	by the at	and Ments	ıy injury,
requires th	een signed	of Health	shows as
I: The law	cate has b	State Dept.	Item 23
PHYSICIA	this certifi	with the	ırked, or
TENDING	TOR: After	after death	28 is ma
TAL DR A	3AL DIREC	72 hours	If Item
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atten	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	2	Ξ

31. DATE FILED (Month, Day, Year)
MAR 28 '9

1. DECEDENT'S NAME (First Middle, Last),		- 01		ICATE OF	PERIII	2. DATE OF D				3. TIME OF DEATI	
Leonard A. Casc						МОЛТН	20		EAR	9:35	P.
4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH		BIRTH	PLACE (State or For	sign
195-22-0616	1 🖾 M 2 🗌 F	60	YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day 4/28)		,	Country	nsvlvani	
9a. FACILITY NAME (If not institution, give a	atreet and number)	00		9b. CITY, TOWN	OR LOCATION OF D			9c. COUNT			31
Suburban Hospit	al			Bethe	sda, MD			Montg	zome	ery Coun	ty
RESIDENCE OF DECEDENT											
MD MOD	tgomery			Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	-8		R	ockville	. ZIP CODE			40- CITIZE	N OF W	1 YES 2 X	10
				10						THAT COUNTRY?	
4801 Creek Shor		IT EVER IN U.S. AR	MED	13 WAS DEC	20852 CENDENT OF HISPA	NIC ODIGINS (S	acifu Vas	USA		- American India	
1 Never Merried 2 Married		YES 2 N		if yes, sp	ecify Cuban, Maxica	an, Puarto Rican		101 NO-	Black	, White, etc.	'4
3 Wildowed 4 Divorced	Korear			T L YES	2 NO Specif	ry:			Speci	w White	
15. DECEDENT'S EDU (Specify only highest grade	JCATION			USUAL OCCUPATI		16b. KIN	D OF BUS	SINESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffe.	Do NOT u	work done during mose retired.)							
12		Sa.	les l	Food Pro	ducts	Se:	lf-e	mploye	d		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	s, Malden	Sumame)			
Louis Casciano					Katie						
19a. INFORMANT'S NAME (Type/Print)		198			and Number or Rural					-37	
Patricia L. Cas	ciano	- 1			Shore Dr						
20a. METHOD OF DISPOSITION 1 □ Burial 2 ▼Cremation 3 □ Ren	novel from State			E OF DISPOSITION or other place)		DATE		CATION — CI	•		
4 Donation 5 Other (Specify)		/ Ft. L	inco	or other place) 1n Crema			91 B	rentw	bod	, MD	_
21. SIGNATURE OF FUNERAL SERVICE LI	CENTRE	/	/		nd address of fa les Rinal		ora1	Нота			
1 lough	i Us	ison			00 New H				5115	ver Spri	nø
23. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Final	. List only one ce	use on each line	•	not enter the m	ode of dying, suc	ch as cardlec	or resp	iratory srre	it,	Approximatinterval Be Onset and	twee Desi
disesse or condition resulting in death)	. Hy	percal	cem	1a						3 u	K.
	DUE to	(OR AS A CONSEC	DUENCE O	F):	01.	10			_	7 n	20
	b. //4	etasta	ue	Kena	e all	car	cur	one		0 //	<u> </u>
Sequentially list conditions.			SUFFICE O	IF):						3 m	5
Sequentially list conditions, if any, leading to immediate	DUE	MA D	11	Para	HAMA					7	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. Ple	MOL C	OUENCE O	Carci	el Celle	ر					
If any, leading to immediate cause. Enter UNDERLYING	c. DUE TO	MOL CONSECUTION OF AS A CONSECUTION	OUENCE O	Carce	noma	ر					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. PUE TO	MOL CONSE	DUENCE O	Carce	noma	J					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d.	OR AS A CONSE	DUENCE C	PF):			-	AUTOPSY		WERE AUTOPSY FI	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OR AS A CONSE	DUENCE C	PF):		n Part I. 24	, WAS AN	AUTOPSY			TO .
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OR AS A CONSE	DUENCE C	PF):		n Part I. 24	. WAS AN	AUTOPSY		AVAILABLE PRIOR	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OR AS A CONSE	DUENCE C	PF):		n Part I. 24	. WAS AN	AUTOPSY		AMAILABLE PRIOR COMPLETION OF 0 OF DEATH?	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	OR AS A CONSE	DUENCE C	In the underlyle		1 Part I. 244	. WAS AN	AUTOPSY		AMAILABLE PRIOR COMPLETION OF 0 OF DEATH?	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	OR AS A CONSE	resulting	In the underlyle	ig ceuse given ir	1 Part I. 244	PERFOI	AUTOPSY		AMAILABLE PRIOR COMPLETION OF 0 OF DEATH?	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. one contributing to HOSPITAL: Inpetient 2	o deeth but not r	esulting	In the underlyle 28. F OTHER: 4 Nursing Ho	reg ceuse given in	1 Part I. 244 1 [theck only one) 6 □ Other (Sk	YES 2	AUTOPSY	246	AMAILABLE PRIOR COMPLETION OF 0 OF DEATH?	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO d. Mospital: 1 Inpetient 2 26e. DATE O (Month,	D deeth but not r	esulting	26. F OTHER: 4 Nursing Ho ME OF 28c. IN JURY W 1	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (Sc. 28d. DESCRI	YES 2	AUTOPSY RMED? 2 IXI NO	24b	AMALABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	d. HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, Inpatient 2)	O deeth but not r	esulting	26. F OTHER: 4 Nursing Ho ME OF 28c. IN JURY W 1	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (Sc 286. DESCRI	YES 2	AUTOPSY RMED? EM NO INJURY OCCU	24b	AMALABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 1) 28e. PLACE building	□ ER/Outpetlant 3 F INJURY □ At ho, stc. (Specify)	esulting DOA 28b. Til	28. F OTHER: 4 Nursing Ho ME OF 28c, in JURY M 1 street, factory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO	1 Part I. 244 1 (1 (1 (28d. DESCRI 28f. LOCATIC City or R	WAS AN PERFOI YES 2	AUTOPSY RMED? Z NO INJURY OCCU	24b	AMALABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY:	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 1) 28e. PLACE building	□ ER/Outpetient 3 F INJURY Day, Year) OF INJURY — At he, ste. (Specify)	DUENCE Coresulting DOA 28b, Till IN	In the underlyle 26. F OTHER: 4 Nursing Ho ME OF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (Sc. 28d. DESCRI	Decity) BE HOW ON (Street own, State)	AUTOPSY RMED? RMED? RMO RMURY OCCU and Number a	24b	AMALABLE PRIOR COMPLETION OF C	PO AUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY:	d. Due to d. HOSPITAL: 1 Inpetient 2 26e. DATE 0 (Month, 28e. PLACE building	□ ER/Outpetient 3 F INJURY Day, Year) OF INJURY — At he, ste. (Specify)	DUENCE Coresulting DOA 28b, Till IN	In the underlyle 26. F OTHER: 4 Nursing Ho ME OF 28c. IN JURY M 1 street, factory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (Sc 286. DESCRI	Decity) BE HOW ON (Street own, State)	I AUTOPSY RMED? E NO INJURY OCCU and Number of	24b	AMALABLE PRIOR COMPLETION OF C	PO AUSE

32. REGISTRAN'S SIGNATURE Pandall

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

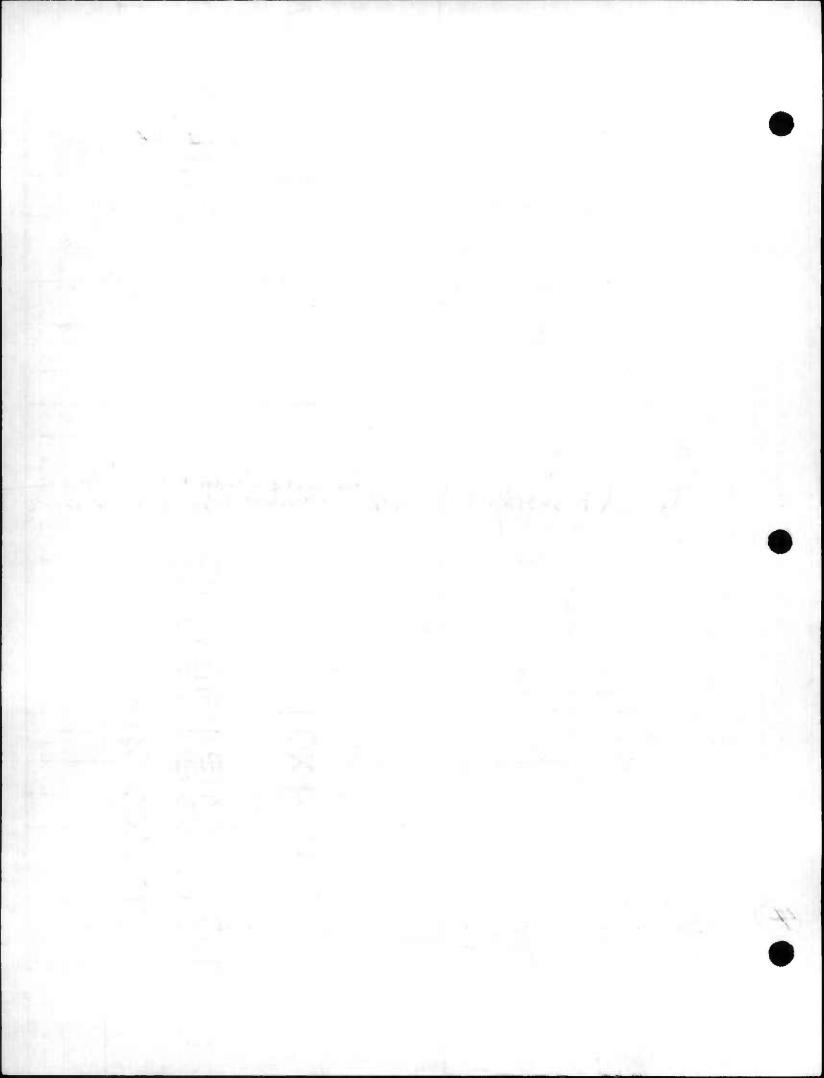
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	RHFR	CALE	OF L	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DA	Ý	YEAR	3. TIME OF DEATH
	JOSEPH (NMI)	DiNICOL	A						_	01		7:38P M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last		IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF 9 (Month, Day	IRTH	71	8. BIRTI	HPLACE (State or Foreign
	214076656	1× M2 DF 7	6	YRS.	IONTHS D	AYS H	IOURS MIN.			15		RULAND
ŀ	9e. FACILITY NAME (If not institution, give str				9b. CITY, TO	OWN OR	LOCATION OF DE			9c. COU	NTY OF E	
5	Sacred Heart Hosp	ital			Cum	her	land, M	n		ΔΤ	lega	nv
DIRECTOR	RESIDENCE OF DECEDENT									- 1	regu	
뿐	10e. STATE 10b. COUNTY		-		TOWN OR							10d. INSIOE CITY LIMITS?
<u> </u>	MARYLAND ALLE	GANY		Cu	IMBEI							1.1 YES 2 NO
₹I	10e. STREET AND NUMBER						IP CODE			Ť		WHAT COUNTRY?
FUNERAL	209 GREENE STR						21502			-	SA	
בַּ	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT EVEN	ER IN U.S. ARA	MEO O			IDENT OF HISPAN			or No-	14. RAC Blec	E — American Indian, ik, White, atc.
ВУ	3 Widowed 4 Olvorced	IF YES, GIVE WAR O	OR DATES		1 0	YES 2	NO Specify	<i>'</i> :			Spec	Trial Control of the
	15. OECEOENT'S EOUC	W.W.I	_	EDENT'S U	I COCC	IDATION		Tab Kini	D OF BUS	INEGE/IN	DUCTOV	WHITE
COMPLETED	(Specify only highest grade of	completed)	(Gh	e kind of wo Do NOT use	rk done dur	ing most	of working					
ا ڌ	Elementary/Secondary (0-12)	College (1-4 or 5+)		ARMA					AILI			YEAND
M	17. FATHER'S NAME (First, Middle, Last)			12(/////		Τ.	16. MOTHER'S NA				,	
	PASQUALE DÍNIC	01.4					JOANNA					
BE	19e, INFORMANT'S NAME (Type/Print)	OLA	106	MAILING	DDDEES /	Street and	Number or Rural F				in Code)	
2	DOREEN (KIRK)	DINITCOLA	- 1				STREET					0 21502
	20e. METHOO OF OISPOSITION	DINICOLA					tery, crematory or	i - Cumi	_			own, State
	1 Source 2 Cremation 3 Remo	val from State	other pla	ce)			L PARK					ND, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Sund	SEL			AOORESS OF FA			UMDI	KLA	.ND, M D
	soft, W	1 , ,			GEORGE-UPCHURCH FUNERAL HOME,							
_	Gendy 11.	pchurch										MD 21502
	23. PART I. Entar the diseases, or d shock, or heart failure. I	omplications that cause t	used tha da: on aach line.	ath. Do no	ot enter th	e mode	of dying, auc	h ss cardiac	or reapl	retory s	rrest,	Approximata Interval Between
- 1	IMMEDIATE CAUSE (Finel	Concern										Onset and Death
	disease or condition reaulting in dasth)	Coronary				arse	ase					
		OUE TO (OR	AS A CONSEC	UENCE OF);							
N	Sequentially list conditions,	DIE TO (OR	AS A CONSEC	HENCE OF								-
F	If eny, leeding to immediata ceuse. Enter UNDERLYING	552 10 (611	AS A GONGEO	OLIVOL OT								į
임	CAUSE (Disesse or Injury that initiated events	DUE TO (OR	AS A CONSEC	UENCE OF):							1
CERTIFICATION	resulting in death) LAST											
B												
AL	PART II. Other significent condition	s contributing to dea	ath but not re	eaulting is	the und	erlying	ceuse given in	Part I. 24	PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL								11	YES 2	NO		COMPLETION OF CAUSE DF DEATH?
ME												1 TYES 2 NO
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26, PLA	CE OF DEATH (Ch	eck only one)				
/SI	1 YES 2 NO	1 Inpatient 2 ER	/Outpatient 3	□ DOA		ng Home	5 Reeldence	6 Other (Sp	oecify)			
H	27. MANNER OF DEATH	26e. DATE OF INJU (Month, Day, Y	URY 6ar)	28b. TIME INJU	OF 2	8c. INJUI WOR	RY AT K?	28d. DEŞCRI	BE HOW I	NJURY O	CCURED	
B	1/ Natural 5 Pending 2 Accident Investigation				М		S 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	(Specify)	me, farm, s	treet, factor	y, office			ON (Street own, State)		er or Rura	Route Number,
COMPLETED												
PL	CONSCR OTHY	CIAN: To the best of my	knowledge, de	eth occurre	d at the tim	e, date e	end place, and due	to the cause(e) end me	nner ee st	isted.	
OM	one) 2 MEDICAL EXAMINE	R: On the basis of exami	Ination end/or i	Investigation	n, In my opi	nion, de	ath occured at the	time, date end	d place, er	nd due to	the ceuse	(e) end menner ee stated.
EC	296 SIGNATURE AND THE OF CERTIFIER						29c. LICENSE NU	MBER		29d. D/	TE SIGNE	ED (Month, Day, Year)
0	9 Dout/m	,	ty Md,				D 09157			▶ 3	/29/	91
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	OF DEATH (ITE	M 27) (Type,	Print)			-				
	Paul Snow, M.D.	upty Med.	Ex 12	24 W	3rd S	St C	umberla	nd Md	2150	2		
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
	APR 01 1991	Grosa David	ma_ Ban	2000								

15	Commence of the Commence of th	ence Eliz	a Dicke	rson		2, DATE OF DEATH AND MONTH	3	YEAR 2. TIME
	S77-36-5	000 10 4 2 100	69 YRSL W	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	3 4/22	_	L BIRTHPLACE (S Country)
СТОВ	HOLL COSS	Hospital	\$	Ver C	Pring.	MD	Mo	n Foor
DIRE	MD	Montgomer		ck uil) -e			10d. INS LIM 1 YE
FUNERAL	13909 V	11sta Dr.		10	20 853	3	10g. CITIZI	S A
BY FUN	1 MARITAL STATUS 1 Never Married 2 Marrie 3 Wisowed 4 Obvorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	8 2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerlo Ricen, etc.) Y	or No-	4. RACE — Amer Black, White, of Specify:
PLETED		T'S EDUCATION nat grade complained) College (1-4 or 5 +)	18s. DECEDENT'S US /Give kind of work // Alex Do NOT use n HOUSE!	k dane during m	ION out of working	16b, KIND OF BUS	INESS/INDU	STWY
E COMPI	17. FATHER'S NAME (First, Micros,) Harry Clarence	OUNT TO THE PARTY OF THE PARTY				Me (From Michina Maidon)	Sumannel	
TO BE	Joyce Reed		1 (C) (S) (S) (S) (S) (S) (S) (S) (S)	Vista		Roote Number City or News Rockville,	Children Carrier	Code)
	20s. METHOD OF DISPOSITION		206. PLACE AND DATE O	or management on the	R /R/setter	DATE 20s. LOG	CATION - C	Ry or Town, State
	12C Surisi 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Speci 21. SIGNATURE OF FUNERAL, SER	Removel from State	of Changar A Candidlo. Ca	n Ceme		3/28 Bla		
	21. SIGNATURE OF FUNERAL SER	MICE LICENBEE Des, or complications that causfellure. List only one course on a. Chrow (ed the death. Do not each line.	in Celhe	tery Mo ADDRESS OF THE MILEY P	3/28 Bla	densi	ourg, Ma
NO	29. PART I. Enter the disease shock, or heart filmMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions,	DUE TO (OR AS	ed the death, Do not eech line.	in Celhe	tery Mo ADDRESS OF THE MILEY P	3/28 Bla	densi	ourg, Ma
RTIFICATION	29. PART I. Enter the disease shock, or heart il immeDiate Cause (Finel disease or condition resulting in deeth)	DUE TO (OR AS	ed the death. Do not each line.	in Celhe	tery Mo ADDRESS OF THE MILEY P	3/28 Bla	densi	new f
L CE	29. PART I. Enter the disease shock, or heart fill disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant co	DUE TO (OR AS	ed the death. Do not each line. B A CONSEQUENCE OF): B A CONSEQUENCE OF): D but not resulting in	enter the mo	ng cause given in	3/28 Black Constitution of the Constitution of	AUTOPSY MED?	ourg, Ma
SICIAN: MEDICAL CE	29. PART I. Enter the disease shock, or heart fill disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant co	DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	et complary condition of the control	the underlying 26. FOTHER:	ng cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE A AMALABI COMPLETE OF DEAT
MEDICAL CE	29. PART I. Enter the disease shock, or heart filmmeDiATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions are suiting in deeth of the cause. Examiner? 25. WAS CASE REFERRED TO METE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendit	DICAL HOSPITAL: 1 Conditions Contributing to death HOSPITAL: 1 Conditions DATE OF INJUR 289. DATE OF INJUR (Month, Day, New Low)	ed the death. Do not each line. S A CONSEQUENCE OF): S A CONSEQUENCE OF): Dobut not resulting in the consequence of the cons	the underlying 28. FOTHER:	ng cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	st, Ain On Control of the Completion of Death

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLAI			HEALTH AND F DEATH	MENTAI	L HYGIENE REG. NO.	Ē		
	1. DECEMENT'S NAME (First, Middle, Last) TRUIE PAULINE DAVIS	3				2. DATE MONTH	OF DEATH		YEAR	3. TIME OF CEATH
)	meeting beginning to the control of	6. SEX 6. AGE (In	yrs. lest birthdey) 2 yrs.	IF UNDER 1 YEA		(Month	of BIRTH b, Day, Year) y 13,	1908	Country)	
	9a. FACILITY NAME (If not institution, give stree	it and number)		9b. CITY, TOW	N OR LOCATION OF D		, 13,	9c. COUNT		
DIRECTOR	Sacred Heart Nursin	ng Home		Hyatt	sville			Princ	ce G	eorge's
IREC	10a. STATE 10b. COUNTY Maryland Prince	George's		Y, TOWN OR LO						10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	: George S	KI	verdale	101, ZIP CODE			10g CITIZE		1 X YES 2 NO
FUNERAL	5708 Sheridan Stree	a t			20737			U.S.		
ž l		2. WAS DECEDENT EVER IN L	J.S. ARMED	13. WAS (ECENDENT OF HISPA	NIC ORIGIN	I? (Specify Yea			- American Indian,
BY	1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	3X[X]NO	If yes,	specify Cuban, Maxico ES 24 NO Specifi	an, Puarto I ly:	Rican, atc.)		Black, Specify	White, atc.
E	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION 1	IGA. DECEDENT'S	USUAL OCCUP		16b	. KIND OF BUS	INESS/INDU	STRY	
COMPLETED		College (1-4 or 5+)	He. Do NOT u	se retired.) Derson	most of working		Departm	nent s	stor	e
8	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NA	AME (First, I	Middle, Malden S	Sumame)		
BE C	Charles Arthur Ryan	1			Prici	11a I	Duncan			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Numb	ber, City or Town	n, State, Zip C	Code)	
2	Harold D. Davis		5708	Sherid	an Street	, Riv	verdale	, Md.	. 20	737
	20a METHOD OF DISPOSITION	al from State	PLACE OF DISPO	SITION (Name of	cemetery, crematory or			CATION — CI		
	4 🗆 Donation 🎉 🗆 Other (Specify)		ort Line	coln Ce	metery		Bre	entwoo	od, l	Maryland
	128 Signature of Juneral Service Uses	Sul		FRAN 4739	AND ADDRESS OF FACIS GASCH BALT. AV	S SC E. F	NS FUN	NERAL	HOM	E, P.A.
	23. PART I. Inter the diseases, or cor									Approximata
	hock, or heert fellure. Lie iMMEDIATE CAUSE (Final disease or condition	•		. 0 /		2.1	- 2/2	. 1-11		Interval Between Onset and Death
	reaulting in death) a	DUE TO (OR AS A C	CONSEQUENCE O	C C/70	(CINO)	1010	merch	177-61 04	Aller	y zyenks
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE O	PF):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	110-								
CERTIFICATION	that initiated events reaulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE C	PF):						
	PART II. Other aignificant conditions	contributing to death bu	t not resulting	in the underly	ring cause given in	Part I	24e, WAS AN	ALITOPSY	24b	WERE AUTOPSY FINDINGS
S	TATO II. Ottor agrilloant conditions	bonnibating to quatif but	t not roughling	in the ender	ing cadaa given ii	1 1 01 (1,	PERFOR	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES 2	M WO		OF DEATH?
2										
¥	25. WAS CASE REFERRED TO MEDICAL				FLACE OF OEATH (C	heck only or	ne)			
Sic		HOSPITAL: Inpetient 2 ER/Outpet	tient 3 🗆 DOA	OTHER 4. Nursing i	lome 5 🗆 Raeldenca	6 🗆 Othe	er (Specify)			
BY PHYSICIAN: MEDICAL	27, MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	INJURY AT WORK?	28d. DES	SCRIBE HOW II	NJURY OCCL	JRED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specifi	At home, farm,	street, factory, o	ffica	281. LOC City	CATION (Street a or Town, State)	and Number o	or Rural Re	oute Number,
COMPLETED	(Critical Orliny	AN: To the best of my knowle								
8	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigati	on, in my opinio			and place, an			
BE	296. SIGNATURE AND THILE OF CERTIFIER	Klilk-			29c. LICENSE NU	27	80	P 2	signed 2	(Month, Pay, Year)
5	30. NAME AND ADDRESS OF PERSON, WHO	COMPLETED CAUSE OF OEAT	TH (ITEM 27) (Typ	e, Print) Lenwe	4 (+ D	r. (reen 6	elt	MS	20770
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					-		
	MAR 27 '91 Jul	ha Davidson-Rand	600							

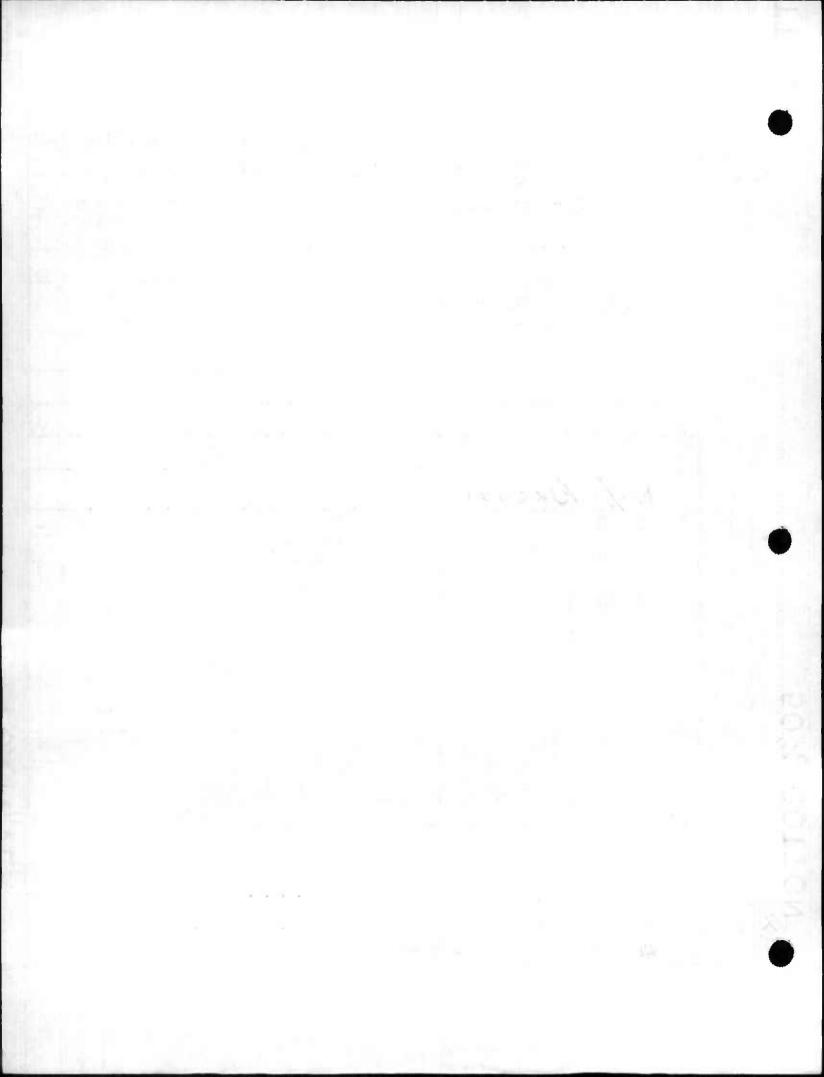
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

FOR 1 - STATE

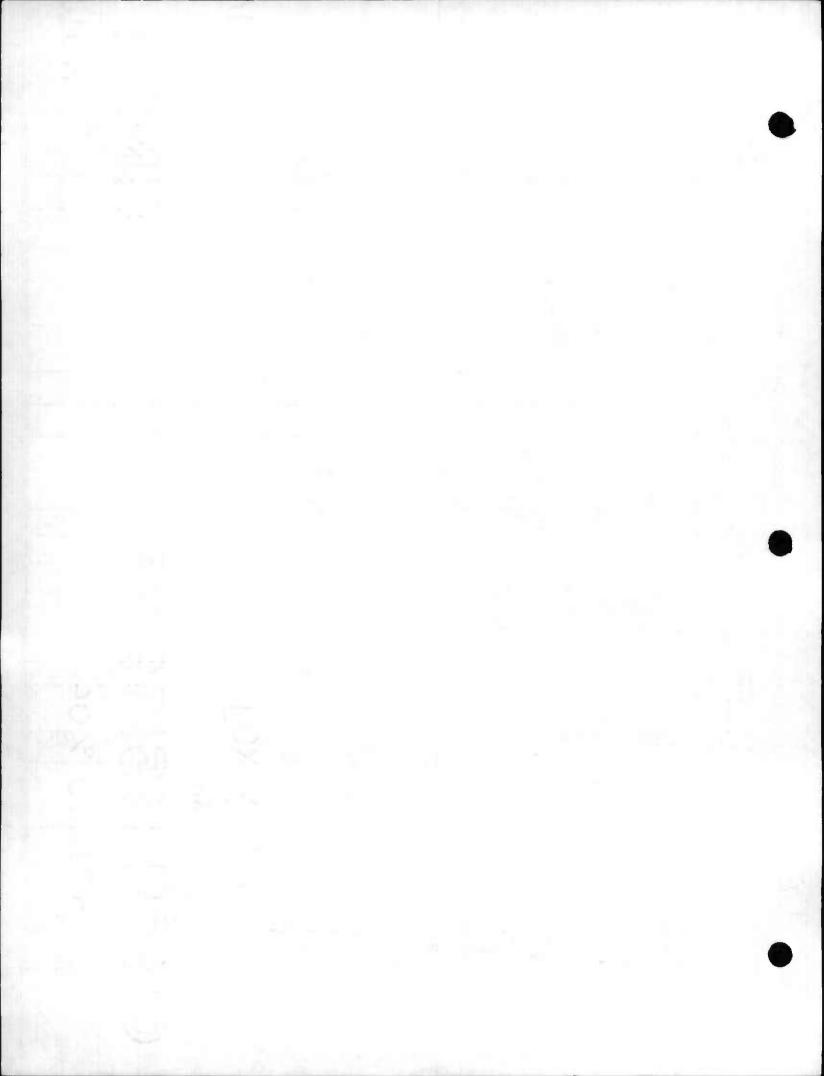
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		OLIIII I	ICATE OF			REG. NO.				
DECEOENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	OEATH DA	γ	YEAR	3. TIME OF O	EATH
Lloyd	Da	wson			03	1.5			3:00	A
SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH Dev. Viser)		Countr	IPLACE (State or	r Foreign
Unknown	1 XM 2 - F	30 YRS.	MONTHS DAYS	HOURS MIN.	3/1	5/51	1	Jam	aica	
FACILITY NAME (If not institution, give atr	eet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNT	Y OF D	EATH	
668 Curtis Drive-	Apartment 3	03	Temple	Hills			Princ	ce C	Georges	
. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCA	TION					10d. INSIDE C	YTE
MD P.G		Te	mple H	ills					1 TES 2	□ NO
STREET AND NUMBER				H. ZIP CODE			10g. CITIZE	EN OF V	WHAT COUNTRY	n
3368 Curtis Dr	ive. #303	3		70746			Jama	aic	a	
MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENOENT OF HISPA	NIC ORIGIN?	Specify Yes			E — American In k, White, atc.	ndlen,
Never Merried 2 Married	FORCES? 1 YE		1 Tyes, s	pecify Cuben, Mexico S 2 NO Specif	in, Puerlo Ric ly:	en, atc.)		Spec		
Wildowed 4 Divorced								Bl	ack	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEOENT'S	work done during m		16b. K	IND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	ne retired.)		1.20					
2th grade		Cook				Cook				
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mic	idie, Maiden	Surname)			
Unknown				Unknow	'n					
INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural		City or Town	n, State, Zip C	Code)		
Jennifer Stone		4206	14th S	treet.	NW T	Nash:	inato	n	DC 20	001
, METHOD OF DISPOSITION		20b. PLACE ANO OATE	E OF DISPOSITIO		OATE	20c, LO	CATION - CI	ity or To	own, State	
Buriel 2 Cremation 3 Remo		of cemetary, crematory	or other place)	rv	1	CII	i+1-r	. 7	Mary	T - m
Donation 5 ☐ Other (Specify)		JINCOLII			ICII ITY	Lau	LLLai	1114	Mary	тап
	ENSEE		22, NAME /	AND ADDRESS OF FA	TOTAL I					
PART I. Enter the diseases, or cahock, or heert feilure. I	ensee	sed the death. Do n	W. 34	H. Baco 47 14th	n Full Stre	c or reapi	N W ratory arre	ot.	Approx	imate i Betwe
I. PART I. Enter the diseases, or cahock, or heert fellure. I	omplications that cause on	sed the death. Do n	W. 34 not enter the m	H. Baco 47 14th	n Full Stre	c or reapi	N.W.	ot.	Approx	imate i Betwe
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3. PART I. Enter the diseases, or cahock, or heert fellure. I	omplications that cause or DUE TO (OR A	sed the death. Do n n each/lip	W. 34 not enter the m	H. Baco 47 14th	n Full Stre	c or reapi	N W ratory arre	ot.	Approx	
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SIGNATURE OF FUNERAL SERVICE LICE B. PART I. Enter the diseases, or cahock, or heert feliure. I. IMEDIATE CAUSE (Final seese or condition suiting in death) Bequentially list conditions, any, leeding to immediate luse. Enter UNDERLYING AUSE (Disease or injury et initiated events suiting in death) LAST ART II. Other algnificant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 150 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined e. CERTIFIER 1 CERTIFYING PHYSIC	DUE TO (OR A DU	sed the death. Do not each lips a consequence of s A consequence of s A consequence of the but not resulting to the but n	W. 34 not enter the m F): F): In the underlying the street, factory, off the street, factory, off the street at the time, desired at t	H. Baco 47 14th ode of dying, suc ng cause given in PLACE OF DEATH (C) where \$K\$38661dence SUJURY AT VORK? VES 2 K NO ice te end place, end du death occured at the	n Fur Streeth as cardial streeth	Cor reapilation of reapilation of reapilation of reapilation of reapilation of reapilation of reapilation of reapilation (see each of reapilation).	AUTOPSY IMEO7 I NO NJURY OCCI Stabbe and Number of is Dri	244 244 ive- ive-	Approx Interval Onset (1) b. WERE AUTOPS ANALABLE PRICOMPLETION OF DEATH? Floure Number. Apartm	EY FINDINGON TO OF CAUSE
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IN OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ath with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of	IMPORTANT: If Item 28 is marked, or Item 23 sho

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	DEPARTI			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) Ruth Johnson	Dodson				2 DATE OF DEATH	DAY 3	9FIR	3. TIME OF DEATN 8:14 A M
100		□ M 2 🔀 F 64	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) Oct. 16	-	Count	land
TOR	Doctors' Community			Lanham	ECCATION OF DI				Georges
DIRECTOR	10e. STATE 10b. COUNTY	Georges		TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7009 Dolphin Road				20706	-	111.50		vHAT COUNTRY? States
BY FUN		2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	_	14. RACI	E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	TION 10 10 Tollege (1-4 or 5 +)	60. DECEDENT'S US (Give kind of wor life. Do NOT use Homema	rk done during ma retired.)	ON st of working	16b. KIND OF E		IDUSTRY	
₹	17. FATHER'S NAME (First, Middle, Last)		пошеша	ikei	16. MOTNER'S NA	OWN H			
ŏ	Thomas M. Johnson	Sr.			CHIEF PROTEIN	Leoma Wh			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or 1		Zip Code)	
2	Sharon Dameron		13001	Elkrid	e Stree	t Beltsv	ille	Md.	20705
	20e. METHOD OF DISPOSITION	20b. F	LACE AND DATE O	F OISPOSITION	(Nama	OATE 20c.	LOCATION -	-	
	1 ∑ Burtel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)	For	netary crematory of t Lincol	n Ceme	ery 3/	27/91 Br	entwo	od Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AI	D ADDRESS OF FA	CILITY			
	I Holant &	6 mm	1 Page			Funeral H			land 20715
	23. PART I. Enter the diseasee, or con	mplications that caused t	Ne death. Do no	t enter the mo	de of dying, suc	th sa cardisc or re	apiratory a	rrest,	Approximate
	shock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death) s.		TIC		5100	212			Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Hell Cole and	MAT ONSEQUENCE OF):	IC H	EAR	7 013	EA	35	
ERT	resulting in death) LAST						<u> </u>		
MEDICAL	PART II. Other eignificent conditions	contributing to death but		1	g ceuse given in	PERF	AN AUTOPS FORMED? 2 \(\text{NO}\)	Y 241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			24 0	ACE OF DEATH (C)	heat anti anni	_		
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:					
H H	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME	-	URY AT	6 Other (Specify) 28d. DESCRIBE NO	W INJURY O	CCURED	
	1 Netural 5 Pending	(Month, Day, Year)	INJU		YES 2 NO				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, str			28f. LOCATION (Stree City or Town, Str		per or Rural	Route Number,
COMPLET	one)	AN: To the best of my knowled On the basie of examination of							e) and manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	en for			29c LICENSE NU	HBER 799	29d. O/	TE SIGNE	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	ten. 68	510 K		MORT	H AYE	B141	E20	ALE MD.
	MAR 25 '91 fu	12. REGISTRAR'S SIGNAT	URE						



TO BE COMPLETED BY FUNERAL DIRECTOR

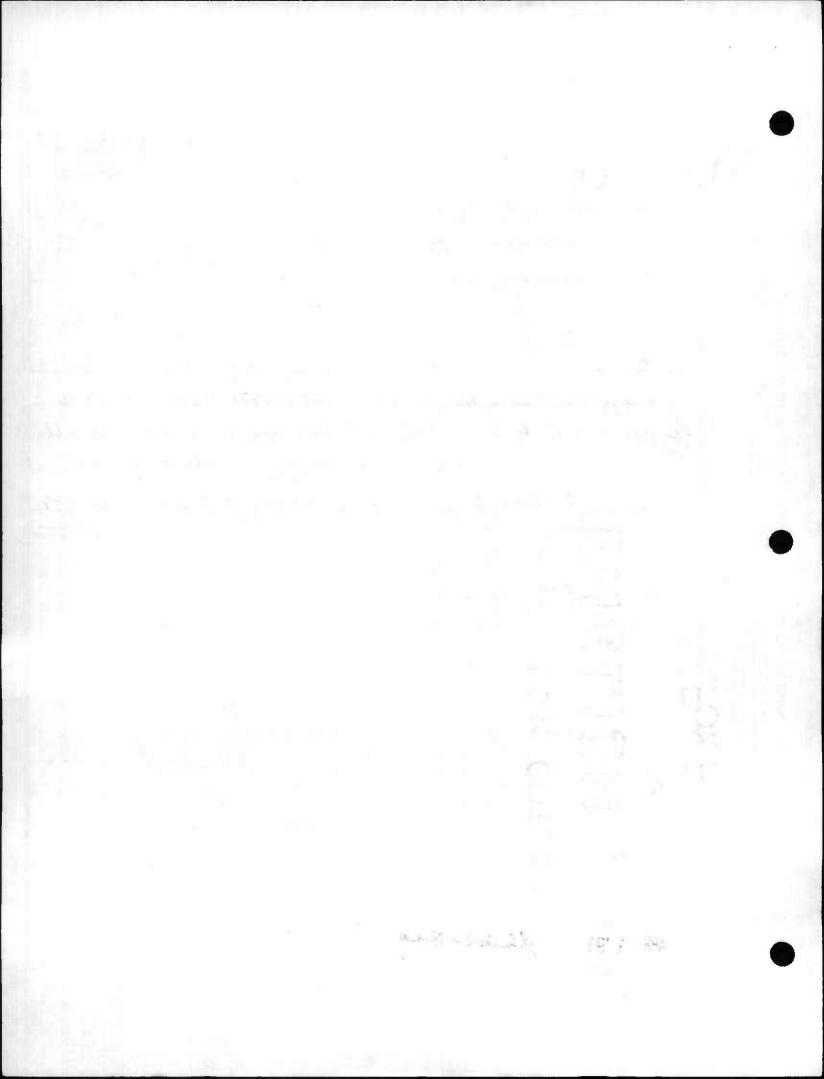
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

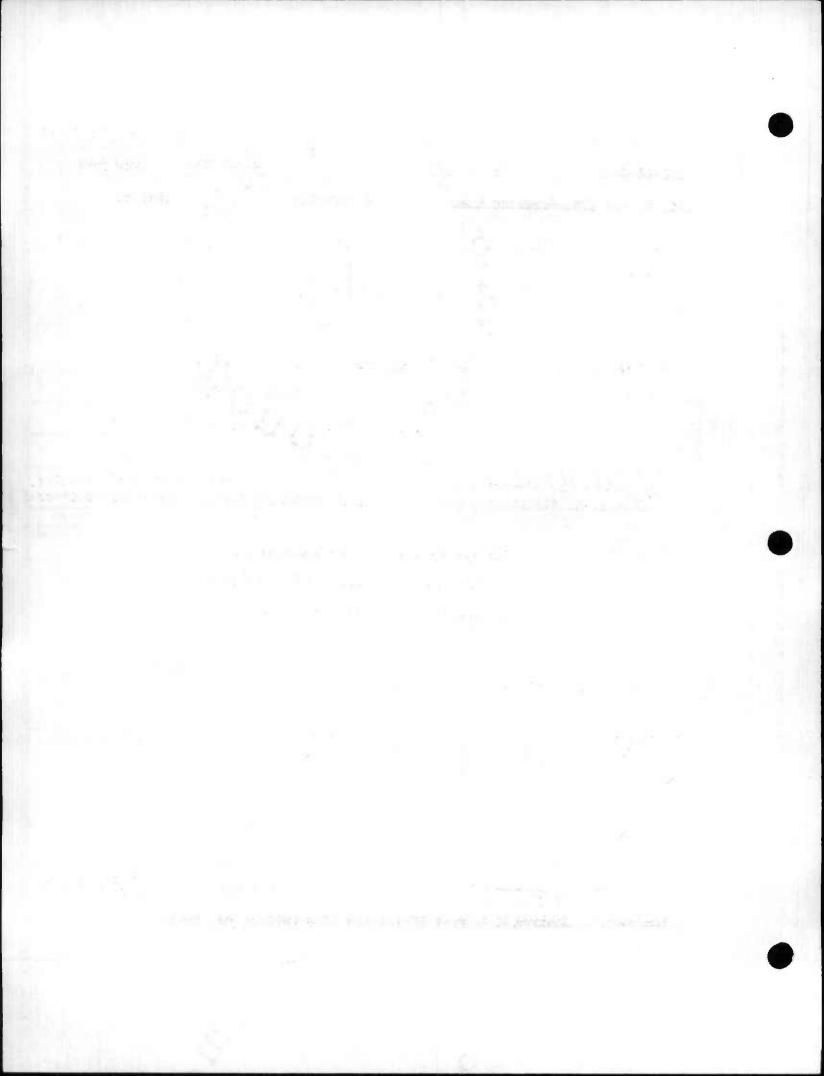
FOR STATE REGISTRAR	• • • • • • • • • • • • • • • • • • • •		UEPARI	MENT OF	HEALTH /	AND '	MENTAL HYGIEN	F		0000
DOUGLAS	UGENE	CE		CATE OF	F DEATH		REG. NO. 2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF OEATH
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	hirthday)	IF UNDER 1 YEAR		4 HRS.	2.7	19	9 1 8. BIRTN	6:20 p
214-02-5740	1 M 2 D F	16		MONTHS DAYS		MIN.	(Month, Day, Year)	11	Countr	
la. FACILITY NAME (If not institution, give at	reet and number)	/-		9b. CITY, TOWN	N OR LOCATION	N OF O		9c. COU	NTY OF D	
MADVI AND THSTITII	TE EMERG	ENCY MED			IMORE					
MARYLAND INSTITUTESIDENCE OF DECEDENT 100. STATE 100. COUNTY		SHOT		TOWN OR LOC		<u>V.</u>				10d. INSIDE CITY
	ARROLL		200	IT. AL	0 /					10d. INSIDE CITY LIMITS? 1 YES 2 NO
0o. STREET AND NUMBER	122000	•			101. ZIP CODE	_		10g. CIT	IZEN OF Y	WHAT COUNTRY?
549 WEST 4	IATERS	VILLE F	Zdl		217	77	/	U	SA	
1. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. ARI	MED		ECENDENT OF	NISPAN	NIC ORIGIN? (Specify Yes	or No-	14. RACI	E — Americen Indian, k, White, atc.
Never Married 2 Married Widowed 4 Olvorced	IF YES, GIVE	WAR OR DATES	O		epecify Cuben, ES 2 1 NO		en, Puerto Rican, etc.) lly:		Snen	Mr.
15. OECEOENT'S EOUC	CATION	16q, OE	PEDENT'S	USUAL OCCUPAT	TION		16b. KIND OF BU	OWERS/IN		HITE
(Specify only highest grade		(Gh	ive kind of wo Do NOT use	ork done during r	nost of working	A	196. Phrs 5. 55.	SINESULL	Juann	
10 THERADE	Conage (1-7 c. c.	")	STUL	DENT			5001	HC	ARRI	och School
7. FATNER'S NAME (First, Middle, Last)					16. MOTNE	ER'S N/	AME (First, Middle, Malden	· .		
DAVID WAYE	IE DEL	.Dh			Roi	22	ETTA MA	RIE :	501	LIVAN
90. INFORMANT'S NAME (Type/Print)	1 1	190	MAILING /	ADDRESS (Stree			Route Number, City or Tow			A
VAVID WAYNE L	EPPH	15	149	WESTL	WATERS	VIL				10 2/771
toa. METHOD OF DISPOSITION District 2 Cremetion 3 Remo	oval from State	of comptany	cramatory o	or other place)		-4.	DATE 20c. LO	CATION -	City or To	own, State
☐ Donation 8 ☐ Other (Specify) M. SIGNATURE OF FUNERAL SERVICE LIC	FNSEE	- TINE	- (-)K	22. NAME	LYEIE AND ADDRESS		ACILITY	1 /71	KY	ND-
> Harry W	1. Hain	Mr		Haig	HTF.H.	1. B.	Pox 195, 54			MO 21784
23. PART i. Enter the diseases, or c shock, or heart failure. I	omplications the	at caused the de	ath. Do nr	ot enter the n	node of dyin	g, suc	ch as cardiac or resp	iratory ar	reat,	Approximate Interval Batwee
IMMEDIATE CAUSE (Fine)	-									Onset and Deet
disease or condition resulting in death)	a	new ?								
	DOE 10	O (OR AS A CONSEC	JUENCE Ut)	j:						
Sequentially list conditions,	a. OUE TO	O (OR AS A CONSEC	DUENCE OF):						
if any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or injury that initiated events	OUE TO	O (OR AS A CONSEC	JUENCE OF):						
resulting in death) LAST	d									
PART II. Other significent condition	s contributing to	o death but not r	resulting in	n tha underly	ing couse gl	Iven Ir	n Part I. 24s. WAS AN		241	b. WERE AUTOPSY FINDING
							PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE
							TUSSE		- 1	OF DEATH?
							1.024	-		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEA	ATH (CI	heck only one)			
1_ YES 2 NO	1. Inpatient 2	☐ ER/Outpetient 3	DOA DOA	4 - Nursing N		idence	8 Other (Specify)			
27. MÄNNER OF DEATN 1 Netural 5 Pending	28e. OATE OF (Month, 1)	F INJURY Day, Year) 1991	28b. TIME INJU	URY \	INJURY AT WORK?	1	28d. OEŞCRIBE NOW			
2 Accident Investigation		OF INJURY — At ho	-ma farm, f		YES 2	NO	PASSENGER 28f. LOCATION (Street			
3 Suicide 8 Could not be	building	g, etc. (Specify)	me, min,	(FOST, INGIONY, C.	/Ice		28f. LOCATION (Street City or Town, State		IF OF FROM	Houte Number,
4 Homicide determined										

111 N. PENN STREET BALTIMORE, MARYLAND

21201



	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO).	3. TIME OF OEATH					
S 1	Mary Rose		De Martini			MONTH D	31 100	EAR OZ ZA A					
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.	BIRTHPLACE (State or Foreign					
	062-24-0642	1 - M 2 - XF	92 YRS.	MONTHS DAYS	HOURS MIN.	8-10-1898	N	ew York					
	9a. FACILITY NAME (If not institution, give a	treet end number)		9b. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY						
OR	Rt. 1, Box 279, Ac	cquasco Ro	ad	Brandy	wine		Charl	es					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY					
D.B.	Md. Ch	arles		Brandy	rine			1 TES 2 NO					
	10e. STREET AND NUMBER	ar ica			1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	P.O. Box 234				20613		USA						
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No — 14.	RACE — American Indien, Black, White, etc.					
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR			2 NO Specif			Specify: White					
ED	15. DECEDENT'S EDU			USUAL OCCUPATION		16b. KIND OF BU	ISINESS/INDUS	TRY					
Ш	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	ost of working								
4	12th Grade		Homem	aker		N/A							
COMPL	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide							
BE	Leonard Sarra					a Giaculli							
2	190. INFORMANT'S NAME (Type/Print) Mark De Martini		The second second			Wine, Mary							
	20e. METHOD OF DISPOSITION		20b. PLACE OF DISPO					or Town, State					
	1 💢 Burlal 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	Green-Woo					New York					
	21. Situation for Funegourserver Li	refries/ 1	Tarcen noo	22. NAME A	ND ADDRESS OF F	ACILITY The Unit	Fu	eral Home,Inc					
- 9	Mullis	garan	200057	D 0	Day 156	The nur	Manual a	eral nome, inc					
- 1	23. PART I. Enter the diseases, or		100857					nd 20604-0156					
	shock, or heert fallure.				out of tyling, out		, , , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death					
	IMMEDIATE CAUSE (Final disease or condition	Asa	1. Cation	Pas	P 14 0000	110		Onset and Death					
	resulting in death)	DUE TO (OF	AS A CONSEQUENCE	OF):	Colling								
z		B. ASP DUE TO (OF	ebrovas	cular	Acci	dent							
CATION		DUE TO (OF	AS A CONSEQUENCE	DF):	1 0	: 1 =							
2	CAUSE (Disease or Injury	c. DIE TO (OF	AS A CONSEQUENCE	Hea	rt	gilare							
RTIFI	that initiated events resulting in death) LAST	552 15 (5)	y NO N GONGEGIENGE	, ,									
CE		d											
DICAL	PART II. Other significant condition		_ /		ng cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
DIC	Chronic	Renal	Failure			t 🗆 YES	2 💢 NO	OF DEATH?					
ME						—		1 TES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	<u> </u>		26.0	PLACE OF DEATH (C	thack paly one)		1					
SICI	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	. /	6 Other (Specify)							
PHYS	27. MANNER OF GEATH	28a. DATE OF IN.	JURY 28b. Tr	ME OF 28c. IN	JURY AT	26d. OEŞCRIBE NOW	INJURY OCCUI	RED					
ВУ Р	1) Natural 5 Pending investigation	(Month, Day,	70 <i>07</i>) If		YES 2 NO								
DB	2 Accident investigation 3 Suicide a Could not be	28e, PLACE OF II building, etc	NJURY — At home, farm.	street, factory, offi	ice	281. LOCATION (Stree City or Town, Stat		Rural Route Number,					
ш	4 Homicide determined			_									
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death occur	rred at the time, dat	te end place, end du	ue to the cause(e) and m	anner se stated						
5	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner es stated.												
ō					Tan Hornor M	UMBER	29d, DATE S	SIGNEO (Month, Day,; Year)					
E COMPLET	29b. SIGNATURE AND TITLE OF CERTIFIE	A	0		29c. LICENSE N			The state of the s					
H	3 2 4	~	0			3426	▶ 3	/3/91					
ш	30. NAME AND ADDRESS OF PERSON YOU	HO COMPLETED CAUSE			D 3	3426	▶ 3	/3//9/					
H	30. NAME AND ADDRESS OF PERSON YOU	HO COMPLETED CAUSE			D 3	3426	▶ 3	/3]/9]					
BE	3 2 4	HO COMPLETED CAUSE			D 3	3426	▶ 3	/3//9/					



Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

CAUSE OF DEATH (ITEM 27) (Type, Print) 7500 Greenway Catr. Dr. #430

-	25 (3)	-	112010111111			-					TIEG. NO.			
	-		1. DECEDENT'S NAME (First, Middle, Last)	ICEC DA						2. DATE MONT	OF DEATH	Y _C	YEAR	3. TIME OF OEATN
	1 000		ANNA FRAN	5. SEX		s. lest birthday)	15 13 10 10 10 10 10 10 10 10 10 10 10 10 10	R 1 YEAR	IF UNDER 24 HRS.	03	OF BIRTH	7/		PLACE (State or Foreign
	(P))	218-24-0684	1 - M 2 X F	85	YRS.	MONTHS	DAYS	HOURS MIN.	03-0	7. Day, Year)		Country	
	5	i	9a. FACILITY NAME (If not institution, give						R LOCATION OF			9c. COUN		
	1, 2, 3 sh	DIRECTOR	Colonial Villa Num	rsing Hom	ie	41.		Silve	r Sprin	g	el 105	Mon	tgor	mery
		350	10a. STATE 10b. COUNT	Υ		10c. CIT	ry, town	OR LOCAT	TION			-		10d. INSIDE CITY LIMITS?
	permit. Pages			ce George	e's	H	yatt	sville	e					1 X YES 2 NO
	med	ZAL.	10a. STREET AND NUMBER					101	ZIP CODE					HAT COUNTRY?
	an. ransit	FUNERAL	4021 Ingraham St						20781			U.S		
21203-3146	the hospital or attending physician, detached for use as the burial-transit once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 2 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			13.	If yes, sp	ENDENT OF HISF ecity Cuban, Max 2 XNO Spe	Ican, Puerto		or No—	Specif	— American Indian, , White, etc. v: nite
03-	attend se as	8	15. DECEDENT'S EDI (Specify only highest grad		16	e. DECEDENT'S				16b	KIND OF BUS	SINESS/INDU	JSTRY	
212	the hospital or attending detached for use as the once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	٠)	Ille. Do NOT u	ise retired.)	ourng mo	ist of working	- 1	0	11		
	hospit iched	MP	12th		H	ousewi	те					Home		
MARYLAND	by the house be detach		17. FATHER'S NAME (First, Middle, Last) Timothy Killigan						Cather			Surname)		
RYL		BE	19a. INFORMANT'S NAME (Type/Print)	-		T 10h MAII BH	C ADDRES	R /Street s	and Number or Rur			o Ctata 7in	Code	
MAI	be retained ge 5 should e notified	2	Edward R. Johns	on					nue, Hy					20782
	ay be		20s METHOD OF DEPOSITION W Burlet 2 Command 3 Per			ACE OF DISPO	SITION (N	lame of cer	metery, crematory of	-		CATION — C		
OR	ector, pag must b		4 Donation 1 Dotter (Specify)	poyer from Buse	- //)Fť.	Linco	oln C	eme	tery		Bre	ntwo	od, l	Maryland
Σ	ral direct		THE THE OF PUNERAL SERVICE	parinse Z	V					FACILITY	SONG	ELIN	IED	AL HOME
BALTIMORE,	ter death. Page 6 may be the funeral director, page yval.		1/ ave/	11 m	tian	_			Balt. Av					
_	remer removed		23. PART I. Enter the diseeses, or shock, or heart fellure.	List only one cau	ise on each	line.								Approximate Interval Between
			IMMEDIATE CAUSE (Finel disease or condition	. Si 900		10	1.	1	/	D	/	/ /	/	Onset and Des
			resulting in death)	· >190	noid	VO	IVE	1/05	jharq	e 5) Jane	2651	rucy	ien
13146,	8 5 5			10	(OH AS A CO	MSEQUENCE (л-):		J					
	e be execut sician and c rior to buris traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	(OR AS A CO	NSEQUENCE O	DF):							
BOX	physician ne prior tr	CAT	cause. Enter UNDERLYING	C.										
		틷	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CO	INSEQUENCE (OF):							
P.O.	6 5 6	HH	resulting in deeth) LAST	d										
	Me Me		PART II. Other significant condition					ınderiyin	g cause given	In Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDING
CORDS,	that bd b h an	MEDICAL	Recent CV	H; Hyp	e-10.	15107	<u> </u>	Day	estive		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ပ္ပ	uires sign Heal		Heart Fail	ure;				0						1 TES 2 NO
8	has been Dept. of 23 sh	ä		/										
VITAL	9 5 6	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF DEATH	(Check only o	ne)			
=	certificate the State	YSI	1 TES 2 -HO	1 - Inpatient 2	☐ ER/Outpatie	ent 3 🗆 DOA			ne 5 🗆 Resident	ca 8 🗆 Oth	er (Specify)			
PF	PHYSICIAN: this certifical with the St.	H	27. MANNER OF DEATH 1 Metural 5 Pending	28a. DATE Of (Month, D	Pay, Year)	28b. TH	ME OF IJURY	WC	JURY AT ORK?	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
		À	2 Accident Investigation		DE IN HIRW	11 12 12 12 12	M.		YES 2 NO	201.10	2471211 (2)		- 0 - 10	
Sio	ATTENDING ECTOR: After s after death	입	3 Suicide 8 Could not be 4 Nomicide determined		etc. (Specify)	At home, farm,	, street, fa	ctory, ome	:•		CATION (Street or Town, State)		or Hurai F	ioure Number,
DIVISION	OR ATTENDING DIRECTOR: After hours after death New 28 is ma	COMPLETE	204 CERTIFIER											
٥	4 4 2 H	MPI	(Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of										and manner as stated
	THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If		29b. SIGNATURE AND TUZE OF CONTIN	- /2		or mirealight	orn, at my	эриноп, (29c. LICENSE		a and prece, at			
	표 기를 원	BE	STORY AT THE OF SHIP	11	177				\$31				-/	(Month, Day, Year)
	6 6 8 ₹	0	July T	7	1 150-				4- 31	-01			117	171

OF PERSON WHO COMPLETED CAUSE OF I

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

2

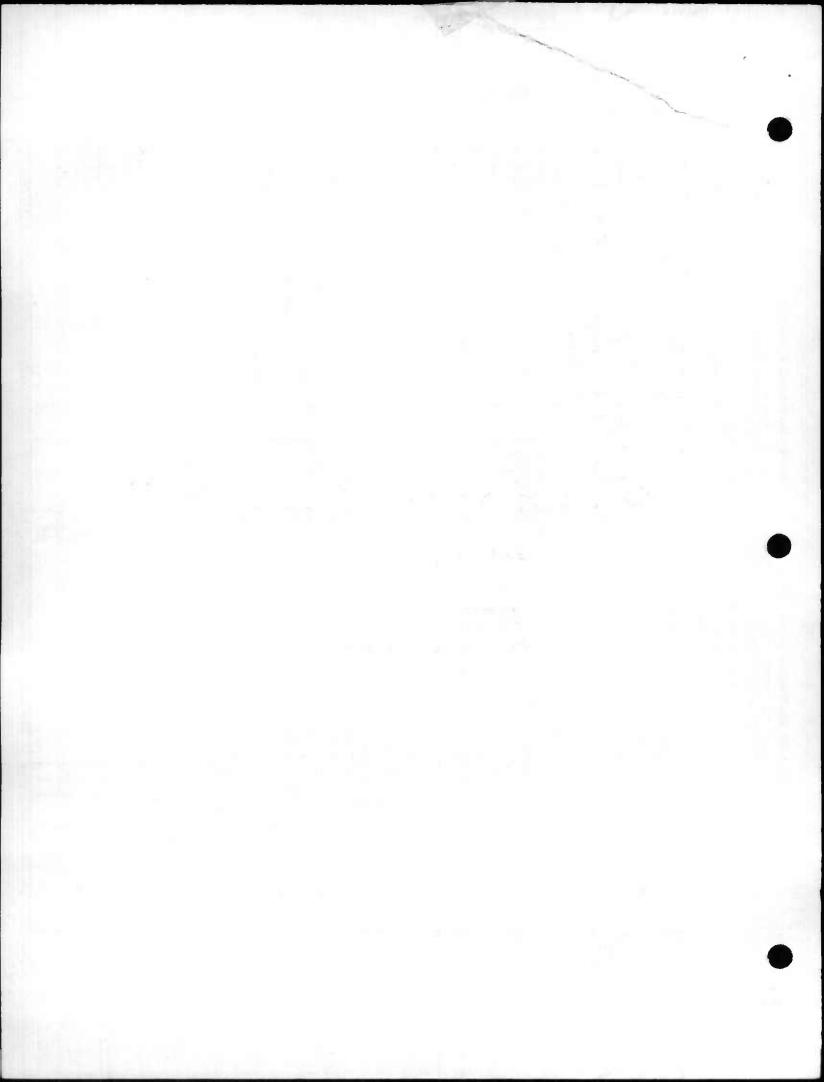
31. DATE FILED (Month, Day, Year)

MAR 21 '91

OHMH-18 Rev t/89

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH			3. TIME DF DEATH
	Harold	"Shorty	" Da	avis				March	31	1	991	0535
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE OF B				IPLACE (State or Forel
180-05-3941	1 🔯 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	April 2	6 T	918	Count	m nsvlvania
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	. TOWN C	OR LOCATI	ON OF DI		.0, 1		NTY OF E	4
791 Hilltop Road	•				kton						cil	, CAIII
RESIDENCE OF DECEDENT				15.17	K COII					Ce	CII	
10a. STATE 10b. COUNT				Y, TOWN		IDN						10d. INSIDE CITY LIMITS?
Maryland Ceci	1		E.	lkto	n							1 YES 2 X NI
10e. STREET AND NUMBER					101	. ZIP COD	Ε			10g. CIT	ZEN DF	WHAT COUNTRY?
791 Hilltop Road						219	21			U.:	S.A.	
11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. ARI	MED	13,	WAS DEC	ENDENT	F HISPAI	NIC DRIGIN? (S	pecify Ye	or No	14. RAC	E — American Indian, k, White, etc.
Never Married 2 Married		MAR OR DATES	IU			2 X NO		an, Puerto Rican ly:	i, etc.)		Spec	Mv:
Widowed 4 Divorced										1		White
15. DECEDENT'S EDI (Specify only highest grad		16a. DE	Ve kind of a	USUAL O	CCUPATIE during mo	ON at of world	ng	16b. KIN	D OF BU	SINESS/INC	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 8	+)										
12		0	wner	/Ope	rato					ırant		
7. FATHER'S NAME (First, Middle, Last)								AME (First, Middle		Surname)		
William Davis							Dais	ey Mo	ore			
9a. INFORMANT'S NAME (Type/Print)							or Rural	Route Number, C				
Evelyn Adams Dav			791 1	Hill	top .	Road		Elkto	n, M	D 2.	1921	
ROB. METHOD OF DISPOSITIONA pri	1 4, 199	20b. PLACE other pie		SITION (N	ame of cer	netery, crea	natory or		20c. LO	CATION -	City or To	own, Stata
Donation 6 🗆 Other (Specify)		_ Gilp		anor	Mem	oria	l Pa	rk	E1	kton	, Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	4/ .		22.	ME	KS DON	SINE FA	for Fu	nera	ls, 1	P.A.	
> Koohle	160	HERN	01	1	Bow	and	Sto	ckton !				
23. PART I. Enter the diseases, or	complications the	of nounced the de	ath Da					21921				1. 4
shock, or heart fallure.	List only one ca	use on each line		iot enter	the mo	oo or ay	my, suc	ar as ceruiac	or resp	natory an	out,	Approximate Interval Bet
IMMEDIATE CAUSE (Final						h						Onset and I
disease or condition resulting in death)		5776E			16,	DISC	156					
		(OR AS A CONSE	DUENCE D	F):								
Conventable that conditions	h CHI											
Sequentially list conditions, if any, leading to immediate	DUE TO	(DR AS A CONSE	DUENCE D	F):	-1A.	,						
cause. Enter UNDERLYING CAUSE (Disease or injury	c ///	O (OR AS A CONSEC	que	9174	TION							
that initiated events	DUE TO	OR AS A CONSEC	DUENCE D	F):			1					
resulting in death) LAST	d. 1241	MONARY	117	per	ten	5/0 4						
PART II Other elgoificant condition								Deat la			1	
PART II. Other algnificant condition	na contributing to	o death but not r	esuiting	in the u	паепуіп	g cause	given in	Part I. 24e	PERFO	AUTOPSY RMED?	24	MAILABLE PRIOR TO
								10	YES :	□ ND		COMPLETION OF CAL OF DEATH?
												1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF E	EATH (C)	heck only one)				
1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nu		10 5 🗆 R	esidence	8 Other (Sp	ectiv)			
7. MANNER OF DEATH	28a. DATE O	F INJURY	28b, TIN	E OF	28c. INJ	URY AT		28d. DESCRI		INJURY OC	CURED	
1 Natural 8 Pending	(Month,	Day, Year)	IN.	JURY		PRK? YES 2 [ND.					
2 Accident Investigation	28e. PLACE	OF INJURY At ho	me form	street for				281 LOCATIO	M /Street	and Mumba	e or Dural	Route Number,
3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	, часть,		abiy, oine			City or To	wn, State)	OF HUTE	rioute Nomber,
	SICIAN: To the best o	f my knowledge, de	ath occur	red at the	time, data	and place	, and due	e to the cause(a) and ma	nner as sta	ted.	
one) 2 MEDICAL EXAMIN	ER: On the basis of	examination and/or i	Investigation	on, in my	opinion, d	leath occu	red at the	time, data and	place, a	nd dua to t	he cause	a) and manner as star
196. SIGNATURE AND TITLE OF CERTIFIE	ER					29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNE	D (Month, Day, Year)
an/								395		•		31/91
30. NAME AND ADDRESS OF PERSON W	COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type	, Print)		0		- (-			/	/
Thomas Finucar	/	3 Maul			ue	N	orth	East,	MD	219	01	
		AR'S SIGNATURE										
31. DATE PILED (MORTH, DW. 7847)												
APR 0 2 91		Secielary.										

DHMH-18 Rev 1/89



Evelyn C. Dempsey

30 1991

3. TIME OF OFATH

9:40a

2. DATE OF GEATN

March

6	1000		Z. Shields
	BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician,	the funeral director, page 5 should be detached for use as the burial-transit permit. Progression

BOX 13146,

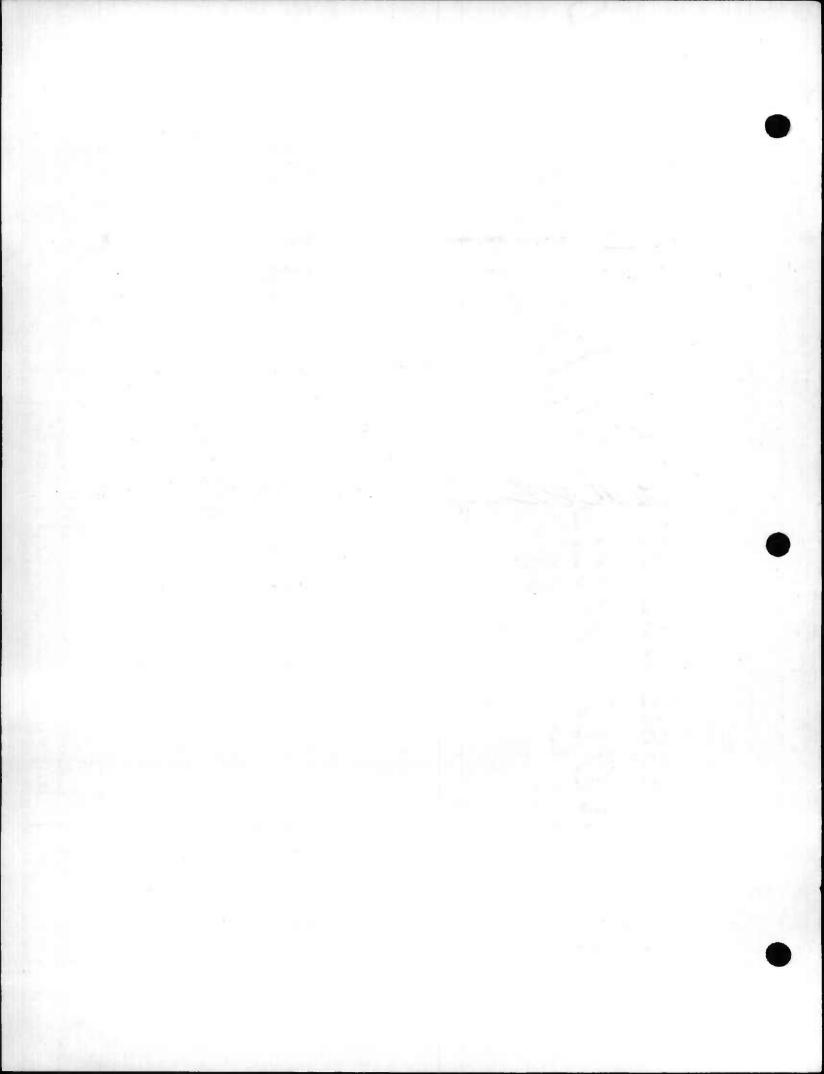
P.O.

DIVISION OF VITAL RECORDS,

A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In vrs. last birthday) 6. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 10-31-1894 217-52-8340 1 M 2 X F Ohio 96 YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF CEATN 9c. COUNTY OF DEATN Sacred Heart Home DIRECTOR Hyattsville, MD Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Montgomery Bethesda 1 2 YES 2 1 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8905 Bradmoor Drive 20817 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: White BY 3 X Widowed 4 Divorced Page 6 may be retained by the hospital or attending use as th ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for COMPL Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James Shea Catherine Obins 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary C. Maryman 8905 Bradmoor Drive Bethesda, Maryland 20817 90 20e. METNOD OF DISPOSITION
1 | X Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must funeral director, Donetion 5 - Other (Specify) _ Olivet Cemetery Mt. Washington, DC 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc., 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE after death, M00672 the 1 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by ahock, or heart failure. List only one ceuse on each Interval Between Onset and Deeth IMMEDIATE CAUSE (Final the disease or condition DROGRESSIVE CEREBRAL THRIMESSIS
DUE TO (OR AS A CONSEQUENCE OF): 72/15 completely event. resulting in death) certificate be executed within EXTENSIVE CARDOVASOURAR DISTAS in and control to burial, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL has been signed by the Dept. of Health and IN m 23 shows any Inj AVAILABLE PRIOR TO CONGESTIVE HEART FAMURE COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO MULTI INFARCT NIMENTH 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 6 94 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, After this c 1 K Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A 2 hours after d 3 item 28 is 00 6 Could not be determined ED 4 Nomicide E 29e. CERTIFIER

(Chack aniv. 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. COMPL TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 出土 13/301 ane achaerder 1970 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Marta A. Schneider M.D. 5401 MacArthur Blvd. N.W. Washington, DC 20016 6 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE APR 2 - '91 Julia Davidson Bandell



TO BE COMPLETED BY FUNERAL DIRECTOR

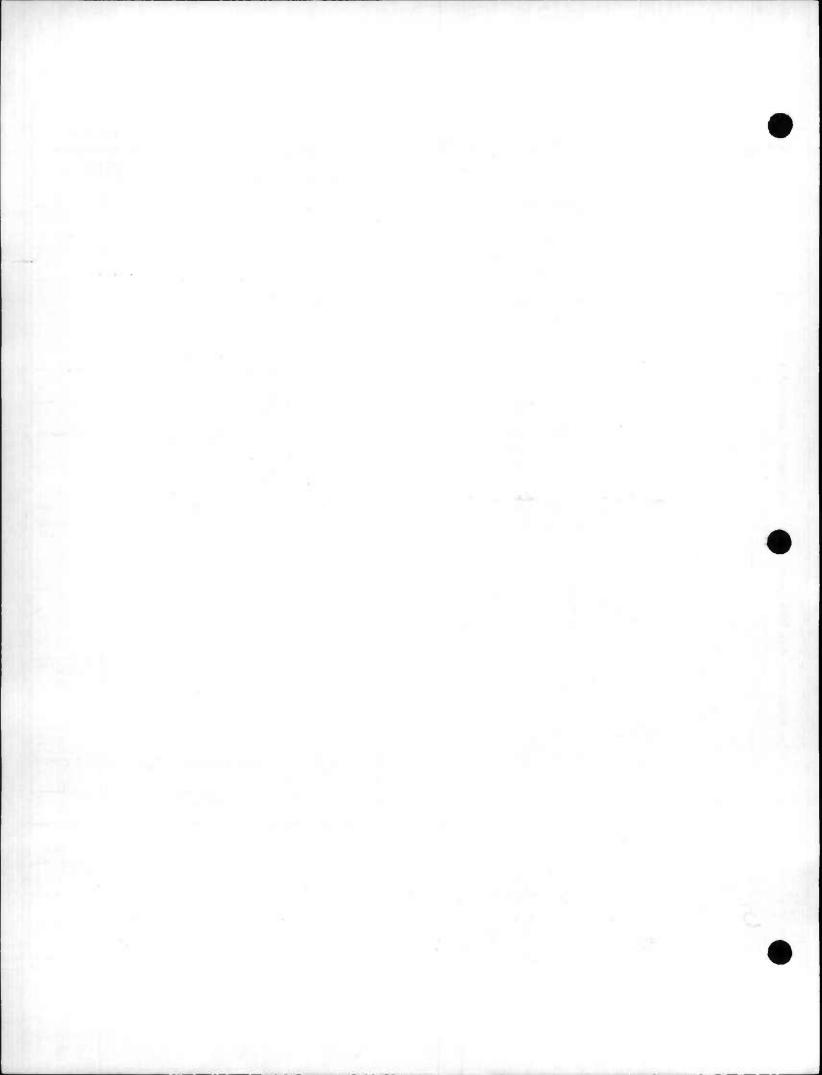
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medicel examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE O	D/	NY.	YEAR	3. TIME O	F DEATH	
Hazel		Harri:				rcey	Z			Marc	h 27,	199	1	5:20	PM	A
4. SOCIAL SECURITY NUMB 579-24-2865		6. SEX	6. AGE (III	n yrs. lest b		IF UNDER	1 YEAR	HOURS	24 HRS.	7. DATE OF (Month)	Day, Year)	1906	Count	HPLACE (She ry) rylan		n
Da. FACILITY NAME (If not in:	stitution, give	street and number)				9b. CITY	TOWN	OR LOCATI	ON OF D			9c. COU	NTY OF E	DEATH		
Manor Ca		tomac				Pot	toma	ac				Mon	tgom	ery		
Oa. STATE	10b. COUNT	Υ			10c. CITY	TOWN O	OR LOCA	ATION						10d. INSID	E CITY	_
Maryland	Mon	tgomery				Beth	nesc	la							2XXN0	
IOO. STREET AND NUMBER							1	or. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUN	TRY?	
10250 Wes	tlake								0817			<u> </u>		S.A.		
1. MARITAL STATUS	Married	12. WAS DECEDED FORCES?	1 YES	2 NO	ED		lf yes, s	pecify Cubi	ın, Mexici	NIC ORIGIN? on, Puerto Ric		or No-	Blac	E — Americ k, White, etc	an Indian, c.	
Widowed 4 Divo	rced	IF YES, GIVE	WAR OR DA	TES		'	1 [] YE	s 2XXV0	Specif	ly:			Spec	elly:	Whit	e
	EDENT'S EDL			16a. DECE	DENT'S L	USUAL OF	CCUPAT during n	ION lost of world	ng	16b, F	IND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0	-12)	College (1-4 or 5						nator			Retai	1				
Thomas		Albert		На	rris	on			renc	e A	idis, Maiden Manda		Leat	herwo	ood	
Thomas F. D	- 31			1						Route Number				854		
tos. METHOD OF DISPOSITI	n 3 🗆 Ren	noval from State	20b.	PLACE OF	DISPOSI	ITION (Na	me of o	toriu	netory or		20c, LO	CATION —	City or T	own, State	nd	_
1. SIGNATURE OF FUNERAL	,,	CENSEE		11090		1 22	MAME	ND ADDOS	ee or re	VOII DTV					_	_
Doug	200	3.2	2	_ мо	0522	Ro Be	obe:	rt A. esda-	Pum	phrey y Cha	Fune se, I	ral nc.,	755 208	7 Wis	cons	i
MMEDIATE CAUSE (Fin disease or condition resulting in death)	+	a. Cardio	(OR AS A	CONSEQU	ENCE OF):	rv v	vascu	lar	disea	se			One	et and D	
Sequentially list condition of any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injusthat initiated events resulting in death) LAS	diete NG ry	DUE TO	O (OR AS A	CONSEQU	ENCE OF):										_
PART II. Other significe	nt conditio	ne contributing to	o deeth bi	ut not res	uiting is	n the ur	ndertyi	ng cause	given in	Part I.	24a. WAS AN	AUTOPSY	24	b. WERE AUT	OPSY FIND	INC
Alzheime	r's Ty	ype Demer	ntia								PERFOI			OF DEATH	PRIOR TO ION OF CAU 7	SE
S. WAS CASE REFERRED TO	O MEDICAL									heck only one						
1 YES 2XXNO		HOSPITAL:	☐ ER/Outp	ationt 3 [DOA	ALX Nur	R: reing Ho	me 5 🗆 R	esidence	6 Other	(Specify)					
	Pending Investigation	26a. DATE O (Morith,	F INJURY Day, Year)		20b. TIME INJ		28c, ff	VURY AT			RIBE HOW	INJURY O	CURED			
3 Suicide 6	Could not be determined	28e. PLACE building	OF INJURY I, etc. (Spec	— At hom	e, farm, s	treet, fac	tory, off	ice		281. LOCAT	FION (Street Rown, State)	and Numbe	or Or Rural	Route Numb	eç	
anal anny		BICIAN: To the best of												(s) and man	ner se steti	ed.
96. SIGNATURE AND TITLE ON NAME AND ADDRESS OF	of CERTIFIE	11/20	de	/	m			29c. LK	ENSE NU	MBER		29d, DA	TE SIGNE	0 (Month, De	ny, Ybar)	
Michael J.	Grady		4910	Mass			ts 1	Ave.,	N.W	1., #3	12, W	ashi	ngto	n, DC	200	1
MAR 29	'91		Davidso		depo											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

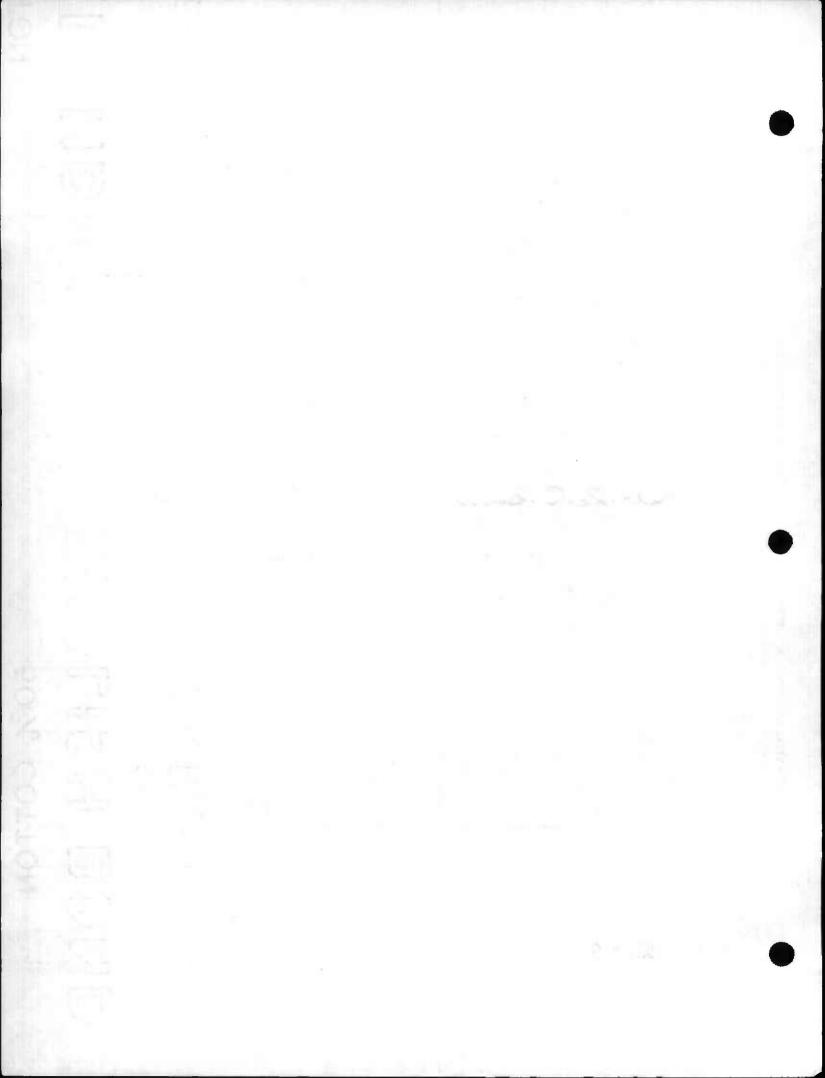
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, a be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAI	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Bret 4. SOCIAL SECURITY NUMBER 218-56-6660	Berr							2 DATE	OF DEATH			3. TIME OF DEATH
		nard			Doll	OV		MONT		 . 199	YEAR	8:00 PM
218-56-6660	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER	_	IF UNDER	24 HRS.	7 DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
7TO 20 .0000	1 XX M 2 □ F	32	YRS.	MONTHS	DAYS	HOURS	WIN.	NOV.	Day, Year)	1958	Wash	ington, DO
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY	, TOWN C	R LOCATION	ON OF DE			,	NTY OF D	
3844 Tremayn	e Terrace			Sil	lver	Spri	ing			Mont	.game	ery
RESIDENCE OF DECEDEN	IT											
	OUNTY		-	Y, TOWN								10d. INSIDE CITY LIMITS?
Maryland M-	ontgomery		Si	lver								1 YES XIX NO
					101	. ZIP CODI				10g. CIT		VHAT COUNTRY?
3844 Tremayne	12. WAS DECEDEN	IT EVED IN II S A	PMED	12	WAS DEC	209		IIC OBIGIN	I? (Specify Ye	n or No	U.S.	A - E — American Indian.
Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES XX			If yes, spo	ZZ NO	n, Mexice Specify	n, Puerto	Ricen, atc.)	01 NO-	Bleci	White
15. DECEDENT'S			DECEDENT'S					16b	. KINO OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT u	se retired.)		St Or WORM	ry					
	2	Gr	aphic	art	ist				Adv	ertis	sing	
17. FATHER'S NAME (First, Middle, La	•		_					ME (First, i	Middle, Maiden	Sumame)	-	
George	В.			lby		Sar			L.			Iamilton
19a. INFORMANT'S NAME (Type/Print		1							ber, City or Tow			20017
George B. Dol	ьу			-	_	_		_				20817
1 🗆 Burlel 🗶 🕅 Cremetion 3 🗆		of cemetal	e ano oat ry, cremator GOME 1	or other	place)	(Name	3/	/30%	1	hands		wn, state aryland
4 Donetion 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV		Hone	.gomes									-
sibere	C.8.	2	M0052	22	Robe Beti Aver	ert A lesda lue,	-Che Beth	mphi evy (ey Fu hase, Mar	neral Inc. yland	HOTE 20	e 57 Wiscon 814-3501
disease or condition resulting in death)	a. ARTERIO DUE TO	OCLERCTI OCRAS A CONS	EQUENCE C)/ (V 4 :)F):	SCULA	R Di	Sease					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a	O (OR AS A CONS										
that initieted eventa resulting in death) LAST	d	(OR AS A CONS	EUVENCE	rr):								100
PART II. Other significant con	ditione contributing to	death but not	t resulting	in the u	nderiyin	g cause	given in	Part i.	24a. WAS AI PERFO 1 YES	RMED?	248	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			OTHE	D.	LACE OF D						
1 💢 YES 2 🗆 NO	1 Inpatient 2		3 LJ 00A		raing Hon 28c. IN.	NISV AT	eeidence	_	or (Specify) SCRIBE HOW	IN HISV OC	CHIBED	
1 Natural 5 Pending 2 Accident Investig	(Month,	Day, Year)		JURY	WC	YES 2 [□ NO	200. 02	SCHIBE HOW	MOON! OC	CONED	
3 Suicide 8 Could r 4 Homicide determi	28e. PLACE building	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	ctory, offic	•	- 1		CATION (Street or Town, State		or Or Rure!	Route Number,
CONDUM OTHY	PHYSICIAN: To the best of											e) and menner ae stated
			-			29c, LIC	ENSE NUI	MBER		204 DA	TE SIGNE	
29b. SIGNATURE AND TITLE OF CE	1											(Month, Day, Year)
^	Vingh MD						C.M.	E.			-27-	



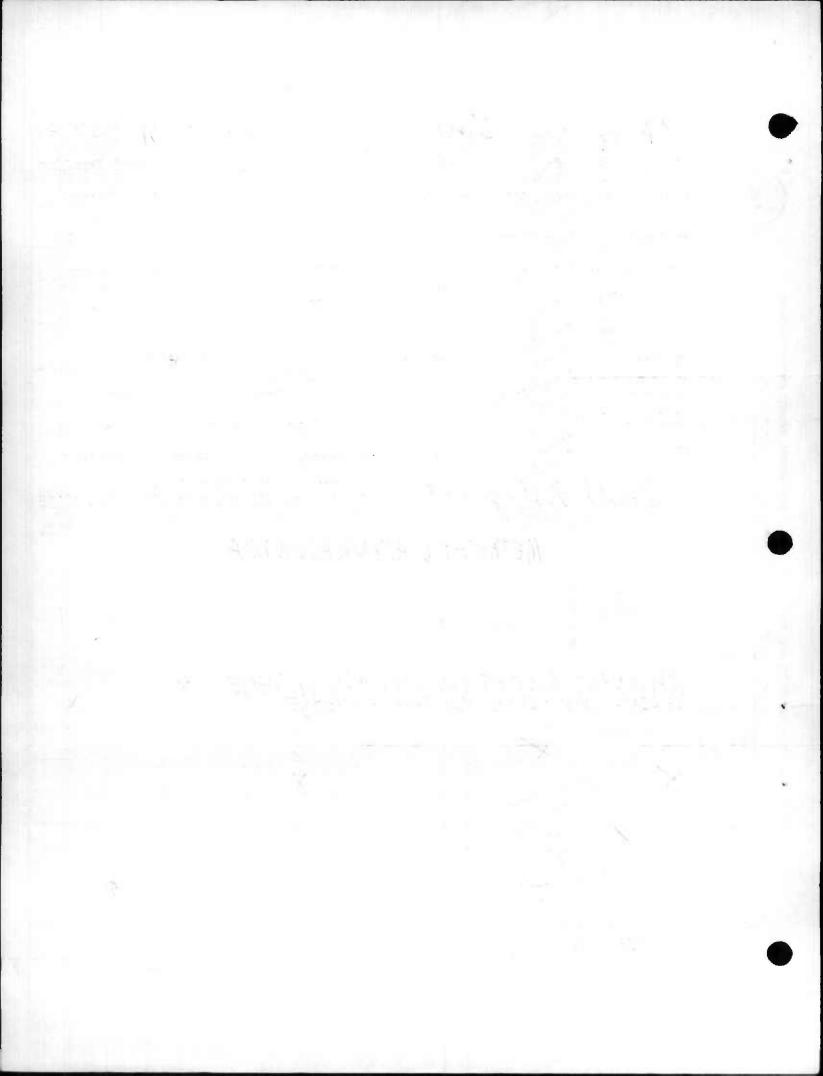
TO BE COMPLETED BY FUNERAL DIRECTOR

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IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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5

1 - STATE REGISTRAR		SIALE OF I	MAKTLAND /		ICATE			D MI	ENIAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	Middle, Las	RALPH	DIXON	7					DATE OF DEATH	W	GYEAT	3. TIME OF DEATH 8130 4 M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y		UNDER 24 HR		Month, Day, Year)		8. BIRTI	NPLACE (State or Foreign
213-12-120		M 2 □ F	83	YRS.	months (DATE IN	JONS WIF		7-18-1907	7		th Carolina
9a. FACILITY NAME (If not in					9b. CITY, T	OWN OR L	OCATION O	F OEAT	Н	9c. COL	INTY OF C	DEATH
Greater Lau			Hospita	1	Lau	rel				Pr	ince	e George
RESIDENCE OF DEC	10b. COU			10c, CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
Maryland	Pri	nce Georg	6	Re	ltsvi	110						1 YES 2 XXNO
10e. STREET AND NUMBER		100 00019			10011.		P CODE			10g, CIT	TIZEN OF	WHAT COUNTRY?
4240 Powde	er Mi	11 Road				21	0705					States
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.AR			S OECEN	ENT OF NIS		ORIGIN? (Specify Yes			E — American Indian, ik, White, etc.
1 Never Married 2 3 Dive			MAR OR DATES	10	1 [yes, specif	y Cuben, Me XIMO Sp	pecity:	Puerto Rican, etc.)		Spec	
	EDENT'S E	DUCATION ade completed)			USUAL OCC		f working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	+) #6.	Do NOT u	se retired.)	ing most o	wormy		1			
7 years			Pai	nter					Resid	lenti	al	
17. FATHER'S NAME (First, A	ficidle, Last)					11	. MOTHER'S	S NAME	(First, Middle, Meiden	Surname)		
Thomas		Dixon						Sar		311		wen
Elsie M. D.			19	b. MAILING			# 10	lural Ro	ute Number, City or Town	n, State, Z	ip Code)	
20a. METHOD OF DISPOSIT		amount from State	20b. PLACE other pla		SITION (Name	e of cemete	ry, crematory	or	20c. LO	CATION -	- City or T	own, State
4 Donation 5 Other		emoval from State	_ Fort		ncoln	Ceme	etery		Bre	ntwo	od,	Maryland
21. SIGNATURE OF FUNERA	LA SERVICE		eward	F.	Box	rgwai		une	ral Home,			. Md. 20705
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, teading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, odiate ING ury	c	O (OR AS A CONSE	DUENCE O		NCA	PCI	NO	MA			
PART II. Other significant in FUI WILL	NIT	HSCITE	5 COR	NA	RY A	RIL	A LE	n In P	PERFOR	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:		E OF DEATH	H (Chec	k only one)			
1 YES 2 NO		11 inpatient 2	☐ ER/Outpatient 3		4 🗆 Nureir		5 🗆 Reside	nce 6	Other (Specify)			
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. TH	AE OF 2	WORK	2 50		28d. DESCRIBE NOW I	NJURY O	CCURED	
2 Accident	Investigation		0.5 10 10 10 10 10 10 10 10 10 10 10 10 10			1 YES	2 NO	_				
3 Suicide 6 S	Could not determined	Diffusion building	OF INJURY — At he i, etc. (Specify)	ome, ferm,	street, factor	ry, office			28f. LOCATION (Street: City or Town, State)	and Numb	er or Rural	Route Number,
one) Met		1				Inion, deat		t the ti	me, dats and place, ar	nd dus to	the cause	(a) and manner as stated. D (Myrith, Day, Year)
30. NAME AND ADDRESS O	PERSON	CHADO	271	PA	.0 .	Ot	ONG	E	STREET		7)	7*1
31. DATE FILED WAR 2	9"9	July July	ar's SIGNATURE	Bund	202							

Prodell.



	REGISTRAR			CI	ERTIF	CATE	OF	DEA.	TH		REG. NO). °	7 1	09690
i	1. DECEDENT'S NAME (First	diam'r.								2. DATE MONTH	OF DEATH	DAY	YEAR :	TIME OF DEATH
	Dorothy 4. SOCIAL SECURITY NUM		ast L. sex			- 14				Mar		28 19	1 - 1	. M
		17.14	1 M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Monti	OF BIRTH , Day, Year)		Country)	.ACE (State or Foreign
	578-24-285		Δ	64	The.	SP CITY	TOWAL (OR LOCATI	ION OF O	Aug	. 24,	1926W		ngton D.C.
E	2806 Dawso							Spri		CAIN		Mont		
DIRECTOR	RESIDENCE OF DE	CEDENT 10b. COUNT			100 000	, TOWN O			ng			1 Mone		
E I					10c. CIT				TNO					Od. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER		NTGOMERY			SIL		SPR				10g. CITIZE		YES 2 NO
ER/	2806 DAWS	ON AVE	NUE					20	0902			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dh		FORCES?	NT EVER IN U.S. AR			if yes, sp	ENDENT	OF HISPA	NIC ORIGIN an, Puerto I	? (Specify Ye		4. RACE -	
ETED	15. DE	CEDENT'S ED	JCATION	16a, OE	CEDENT'S	USUAL OC	CCUPATH	ON		16b	KIND OF BU	JSINESS/INDU:		
9	Elementary/Secondary		College (1-4 or 5		Do NOT us	e retired.)	uumg m	or or works	""					
COMPL	1.2 17. FATHER'S NAME (First,			EXP	EDITE	R								
	RUSSELL A		TITM CD					18. MOT			Alddie, Malder	,	- 3 7 T T	anam.
BE	19a. INFORMANT'S NAME		LLIN, DK		b. MAILING	ADDRESS	S (Street)	and Numbe				H KLE		ENST
2	MARINUS L.	DeGAS	T (HUSBA									110		ND 20902
	MARINUS L. DeGAST (HUSBAND) 2806 DAWSON AVENUE SILVER SPRING, MARYLAN 209, METHOD OF DISPOSITION 1AD Surfal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) GATE OF HEAVEN CEMETERY 200. LOCATION - City or Town SILVER SPRING SILVER SPRING										n, Btate			
	21. SIGNATURE OF FUNER	ELEV	relary			FR 50	ANC:	NIVE	. CO	LLINS Y BLV	D., W.	CRAL HO	PR.	INC. MD.20901
	23. PART 1. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	haart fallure	s	O (OR AS A CONSE	J.									Approximats Interval Between Onset and Death
,			2)	core	na	· v	~		as	to	21030	clero	212	•
RTIFICATION	Sequentisity list cond if sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in	ediate riNG	C	OR AS A CONSE	DUENCE OF	7):	->							
CERTIF	that initiated events resulting in death) LA	ST	d	O (OR AS A CONSE	DUENCE OF	·):								
MEDICAL O	PART II. Other signific		ons contributing to			n the un	nderfyin	g cause	given in	Part I.	24e. WAS A PERFO 1 YES	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN:	25. WAS CASE REFERRED EXAMINÉR?	TO MEDICAL	HOSPITAL:			OTHER		LACE OF I	DEATH (C	heck only or	00)			
KSI	1 TES 2 NO		1 inpatient 2	☐ ER/Outpetient :	_	4 🗆 Nun	sing Hon		esidence	6 🗆 Othe	***			
PHY	1 Natural 5	Pending		P INJURY Day, Year)	25b. TIM	URY M	W	JURY AT ORK? YES 2	□ NO	28d. DE	CRIBE HOW	INJURY OCCL	RED	
TED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — At he	ome, ferm, i	street, fact		_		281. LOC City	ATION (Street or Town, State	t and Number o	r Rural Ro	ute Number,
COMPLETE														
8		DICAL EXAMIF	ER. On the basis of	EXEMPERATE ENGINEE	mireatigatio	n, in my o	ppinion,	seattl occr	naci er file	e mile, cere	and piece, i	and due to the	cause(s)	erici manufer as eceted,

8268 WISCONSIN

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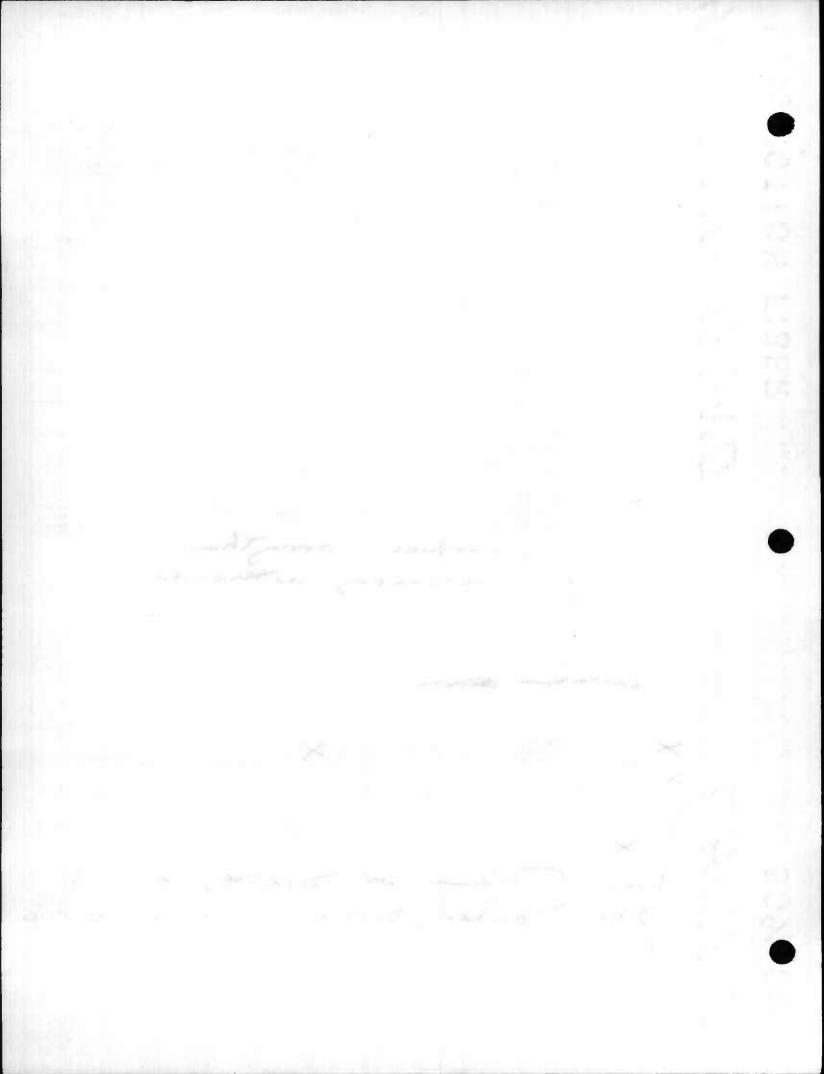
31. DATE FILED (Morith, Day, Year)

APR 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAD'S SIGNATURE Fundales

DHMH-16 Rev 1/89



MAH MEDD, MOHAMADI M.D.

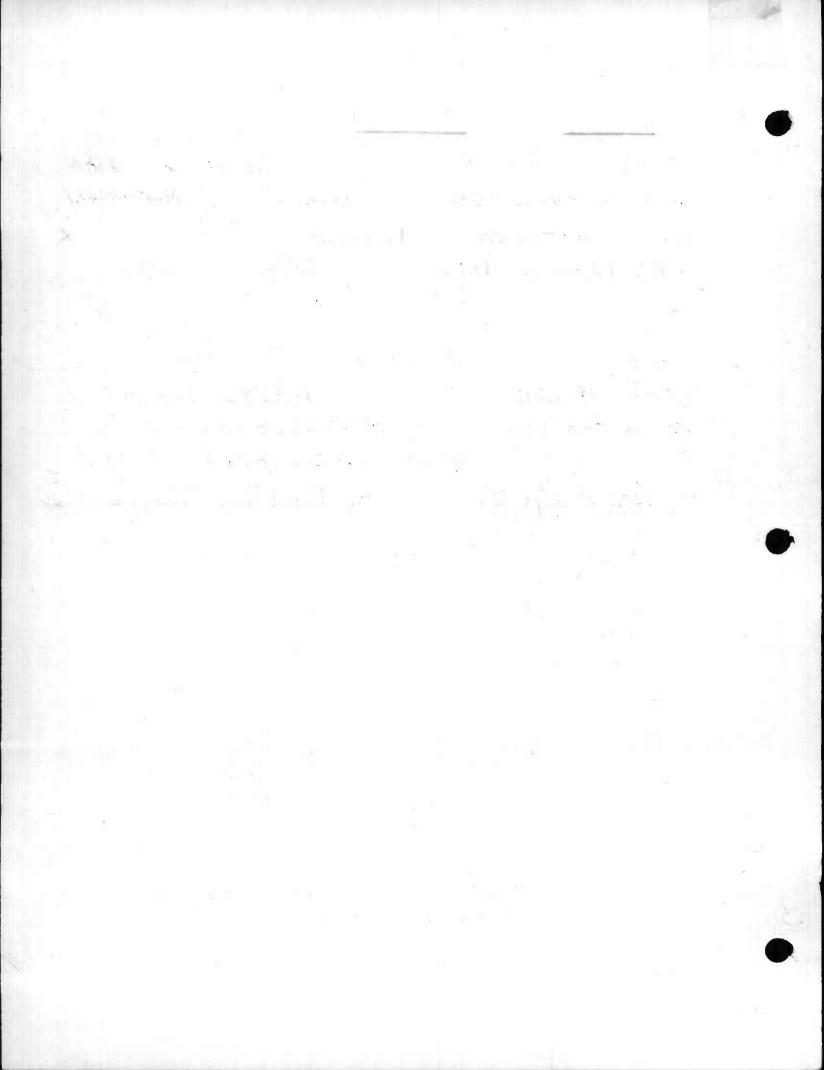
31. DATE FILED (MONTH), Day, Year)

32. REGISTRAN'S SIGNATURE

MAR 22 '91

Julia Davidson-Randall

	1 - FOR STATE OF MARY	AND / DEPARTMENT OF	F HEALTH AND MENTA	AL HYGIENE REG. NO.	1 03031
	1. DECEDENT'S NAME (First, Middle, Last) HAMIDEH	AMIR EKHTIAREDDIN	MON		EAR A A A A A A A A A A A A A A A A A A
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday) IF UNDER 1 YE.	44-	E OF BIRTH 8.	BIRTHPLACE (State or Foreign
	NONE 10M2 XF 8	7 YRS. MONTHS DA	04	27 03	IRAN
TOR	Be. FACILITY NAME (If not institution, give street and number) 11711 DEVIL WOOD DI RESIDENCE OF DECEDENT		NN OR LOCATION OF DEATH	MON1	GOMERY
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LO			10d. INSIDE CITY LIMITS?
1000	MD MONTGOMERY 100. STREET AND NUMBER	Kockvi	101. ZIP CODE	10g. CITIZEN	1 TYES 2 NO
FUNERAL	11711 DEVILWOOD DRI	IVE	20854	IRA	N
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced 12. WAS OCCEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 KNO 11 yes	DECENDENT OF HISPANIC ORIGIN, specify Cuben, Maxican, Puertre YES 2 NO Specify:	ilN? (Specify Yee or No— 14. o Rican, etc.)	RACE — American Indien, Black, White, atc. Specify:
TED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OCCUI (Give kind of work done during life, Do NOT use retired.)		Bb. KIND OF BUSINESS/INDUST	TRY
COMPLET	Elementary/Secondary (0-12) Collage (1-4 or 5 +)	HOUSEWIFE		NA	
BE CON	17. FATHERY'S NAME (First, Middle, Lest) HAJ HOSSEIN		18. MOTHER'S NAME (First	Middle, Maiden Surname)	ANI
TO E	MANSUR EKH TIAR	11111 DEVIL	eet and Number or Rural Route Nu	mber, City or Town, State, Zip Co.	MD.
	20e_METHOD OF DISPOSITION 20e_Burial 2 □ Cremetion 3 □ Removel from State 20e_Donation 5 □ Other (Specify)	bb. PLACE OF DISPOSITION (Name of other place)	of cemetery, crematory or	FORUS CHI	or Town, State
	21. SIGNATURE OF SUMERAL SERVICE LICENSEE	22. NAM	E AND ADDRESS OF FACILITY	7617	PH AV SE
	* Usy 8 tope TIL	Pop	e Funeral He	me wasit	DC 20020
	23. PART I. Enter the disesses, or combilications that cause shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disesse or condition resulting in death) DUE TO (OFFICE TO COMPASS)	ad the death. Do not enter the each line.	mode of dying, such as co	tucani	Approximate interval Between Onset and Death
Z		extenses	e e		
RTIFICATION	Sequentielly liat conditione, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):			
SIFIC	CAUSE (Disesse or injury that initiated events Due TO (OR AS	A CONSEQUENCE OF):			
CER	resulting in death) LAST				
MEDICAL	PART II. Other eignificant conditions contributing to deeth	but not resulting in the under	iying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
N.					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OTHER:	6. PLACE OF DEATH (Check only		
PHY	27. MANNER OF DEATH 28s. DATE OF INJURY (Month. Day, Year)	28b. TIME OF 28c	Home 5 Residence 8 Ot : INJURY AT 28d. D WORK?	ESCRIBE HOW INJURY OCCUR	NEO
B₹	1 Natural 5 Pending 2 Accident Investigation		YES 2 NO	CATION (Count and thursbare)	David Charles Manual
TED	3 Suicide 8 Could not be 4 Homicida detarmined	ecity)		OCATION (Street end Number or ity or Town, State)	Hural Houte Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basic of aximinating the control of the basic of aximinating the control of the basic of aximinating the control of the basic of the control of the basic of the control of the basic of the control of the basic of the control of the contr				
m m	2910 SIGNATURE AND TITLE OF CERTIFIER (4) M. D.		29c. LICENSE NUMBER	29d. DATE S	IGNED (Month, Day, Veer)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF COMPANY AND MARKET M.		NHILL Rd.	Odn Hill	Md 20745
	ון וע יווייתון סיין, עסטיו וחוויין	1) 6130 0X01	NHILL NO.	our Holl	1-10 TO 147



DHMH-15 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H CATE OF		MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	eroupe.	C.D.	B -		2. DATE MONTI	4 4	- 4		E OF DEATH
WALLACE NEWTON 4. SOCIAL SECURITY NUMBER 5.			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	B. E	BIRTHPLACE	(Stete or Foreign
228-30-3251	Ku 2 □ F 6	2 * YRS.	MONTHS DAYS	HOURS MIN.	June	1, Day, Year)	928	/irgir	nia
9e. FACILITY NAME (If not institution, give street	A	1	96. CITY, TOWN C	R LOCATION OF D	EATH		9c. COUNTY		
PHINCE GLOGE MOSPI	141 CTYTES		C nev.	erry			Princ	20	corge
10a. STATE 10b. COUNTY	e Heorge	10c. CITY,	TOWN OR LOCAT	dover				L	NSIDE CITY JMITS? YES 2 NO
10e. STREET AND NUMBER	C Meorit			ZIP COUE			10g. CITIZEN		
6118 GHS	Street			20785			U,	S.A.	
11. MARITAL STATUS 1 Never Merried 2. Merried	WAS DECEDENT EVER IN C FORCES? 1X YES		if yes, sp	ENDENT OF HISPA	en, Puerlo		or No- 14.	RACE — An Black, White	nericen Indian, e, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE WW		1 TYES	2 NO Speci	fy:			Wh.	TX
15. DECEDENT'S EDUCATION (Specify only highest grade com		(Give kind of wo	ork done durina ma		166	. KIND OF BUSI	NESS/INDUST	ΉY	
Elementery/Secondary (0-12) C	ollege (1-4 or 5+)	Carpen			s	elf emp	oloyed		
17. FATHER'S NAME (First, Middle, Lest)		•		18. MOTHER'S N	AME (First,	Middle, Malden S			
Franklin C. Edmon	ds			Rose Da					
190. INFORMANT'S NAME (Type/Print) Lois L. Edmonds				et, Land				^(h) 2078	5
20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Remarks	20b. I	PLACE OF DISPOSI				-	ATION - City		
4 Donation 5 (Spatify)	Ft.	Lincol				Bre	ntwoo	d, Ma	aryland
5 Haidh Ringe of Lineuar Service in the	Sola		FRANC	CIS GAS	CH'S				
23. PART I. Enter the diseases, or com shock, or heart failure. List				The second second second		_			Approximata Interval Between
	•		1						Onset and Death
reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	mar	won		Λ		/	41444
Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A C	S C/TV	otic Ca	rdior	ALCV!	lar U	1 the	H	yeam
cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	CONSEQUENCE OF	١٠						
that initiated events reaulting in death) LAST	302 10 (01110 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>,</i> .					į	
PART il. Other aignificant conditions c	ontributing to death bu	t not resulting in							
			n ina underivin	a causa alven ir	Part i.	24a, WAS AN A	UITOPSY	24b. WERE	AUTOPSY FINDINGS
l .		- Incara	n the underlyin	g cause given in	n Part i.	24a, WAS AN A PERFORE	MED?	AMIL	AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE
		- 111/2-2-2-2	n tha Underlyin	g cause given in	Part i.		MED?	AVAIL COM/ OF D	ABLE PRIOR TO
		1116.5	n tha underlyin	g cause given in	Part i.	PERFORE	MED?	AVAIL COM/ OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (C	Check only o	PERFORI 1 TYES 2	MED?	AVAIL COM/ OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
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EXAMINER? 1 YES 2 NO 1 NANNER OF DEATH Netural 5 Pending	☐ Inpatient 2-☐ ER/Outpe	tlent 3 DOA	26. P OTHER: 4 □ Nursing Hon E OF 28c. IN. MY	LACE OF DEATH (C	heck only o	PERFORI 1 YES 2	NO NO	AMAIL COMI OF DI	ABLE PRIOR TO PLETION OF CAUSE EATH?
EXAMINER? YES 2 NO 1 27. MANNER OF DEATH Natural 5 Pending	☐ Inputient 2 ☐ ER/Outpet	tient 3 DOA 26b. TIME	26. P OTHER: 4 Nursing Hon E OF 28c. IN, JRY M 1	LACE OF DEATH (C	Sheck only o	PERFORI 1 YES 2	MED?	AMAIL COMI	ABLE PRIOR TO LETION DF CAUSE EATH? YES 2 NO
EXAMINER? 1 YES 2 NO 11 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL COULD NOT SERVICE OF SERVICE O	25e. DATE OF INJURY (Month, Dey, Yeyr) 25e. PLACE OF INJURY building, stc. (Specif	tlent 3 DOA 28b. TIME INJU At home, farm, st	26. P OTHER: 4 Nursing Hore EOF 28c. IN. URY M 1 Itreet, factory, office d at the time, date	LACE OF DEATH (Come 5 Residence Surry AT DRK? YES 2 NO	28d, DE	PERFORI 1 YES 2, or (Specify) SCRIBE HOW IN CATION (Street at or fown, State)	JURY OCCUR	AMAIL COMM OF DI 1 1 ED	ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only one) 200 MEDICAL EXAMINER: CO	25e. DATE OF INJURY (Month, Dey, Yeyr) 25e. PLACE OF INJURY building, stc. (Specif	tlent 3 DOA 28b. TIME INJU At home, farm, st	26. P OTHER: 4 Nursing Hore EOF 28c. IN. URY M 1 Itreet, factory, office d at the time, date	LACE OF DEATH (Come 5	28d. DE 28f. LOC	PERFORI 1 YES 2, or (Specify) SCRIBE HOW IN CATION (Street at or fown, State)	JURY OCCUR	AMAIL COMMON OF DID	ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO Number, manner se stated.
EXAMINER? 1 YES 2 NO 11 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL COULD NOT SERVICE OF SERVICE O	25e. DATE OF INJURY (Month, Dey, Yeyr) 25e. PLACE OF INJURY building, stc. (Specif	tlent 3 DOA 28b. TIME INJU At home, farm, st	26. P OTHER: 4 Nursing Hore EOF 28c. IN. URY M 1 Itreet, factory, office d at the time, date	LACE OF DEATH (Come 5 Residence Surry AT DRK? YES 2 NO	28d. DE 28f. LOC	PERFORI 1 YES 2, or (Specify) SCRIBE HOW IN CATION (Street at or fown, State)	JURY OCCUR	AMAIL COMMON OF DID	ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO Number, manner se stated.
EXAMINER? 11 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	25e. DATE OF INJURY (Month, Dey, Yeyr) 25e. PLACE OF INJURY building, stc. (Specif	tent 3 DOA 26b. TiMe INJ. At home, farm, si dge, death occurre- end/or investigation TH (TEM 27) (Tree 27)	26. P OTHER: 4 Nursing Hon EOF 28c. IN. MY 1 Itreet, factory, office d at the time, date n, in my opinion, of December 28c. IN. Bringle 28c. IN. Bringle 38c. IN. MY 1 Itreet, factory, office All In. Bringle 38c. IN. Bringle 38c. IN. December 38c. IN. Decembe	LACE OF DEATH (Come 5	ineck only of 5 Oth 28d, DE 28f, LOCally the to the call the time, det	PERFORI 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	JURY OCCUR ON A Number or Interest as stated. If due to the company of the comp	AAAIL COMM OF D 1 ED Rural Route I Busse(e) end GNED (Monte)	ABLE PRIOR TO PLETION DF CAUSE FATH? YES 2 NO Number, manner sa stated. h, Day, Year)

FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is merked, or item 23 shows eny injury, or other traumatic event, the medical e

PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

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										9	09693
1 - STATE REGISTRAR	STATE OF MA					DEAT		MENTAL HYGIEI			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	-		a. TIME OF DEATH
Grace Louise	Egbert								24	91	10:12 pm
4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest t	oirthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	9 1	8. BIRTHPI	LACE (State or Foreign
182 187 364	1 □ M 2 🙀 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	July 22	192	Country)	lnois
9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	EATH	9c. CO	JNTY OF DEA	
Montgomery Gen	eral Ho	spital		0	lne	y			M	ontgo	omery
10+. STATE 10b. COUNTY			10c. CITY,	TOWN O	R LOCAT	TON				1	INSIDE CITY
Maryland Mont	gomery		01:	ney							LIMITS?
10e. STREET AND NUMBER					101	ZIP CODE	E		10g. CF	FIZEN OF WH	AT COUNTRY?
Brooke Grove H	lome, Man	rden La	ne						U	.S.A	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMI		13. V	AS DEC	ENDENT O	F HISPAI	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	e or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA					2 NO	Specif				ite
		100-000		1-				T	Sale name of	1	1100
15. DECEDENT'S EDU (Specify only highest grade		(GMI	kind of wo	ork done d	uring mo	ON at of workin	g	16b. KIND OF BU	ISINESS/IN	IDUSTRY	
Elementary(Secondary (0-12)	College (1-4 or 5+)	At	HO!	me				At Ho	ome		
17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First, Middle, Maide	Sumame)		
Albert B. Egbe	rt					E	liza	beth			
19a. INFORMANT'S NAME (Type/Print)								Route Number, City or To			
Dorothy H. Hou	se	33	81	S. 1	Lei	sure	e Wo	rld Blvd	l. S	.S. M	ID. 20906
20e. METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 Rem	owel from State	20b. PLACE Of other place								- City or Town	A CONTRACTOR OF THE PARTY OF TH
4 Donation 5 Dother (Specify)	oral from orale	Fort	Lin	colr	2 C	emet	ery	Bre	entw	ood,	MD.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. N	AME A	ND ADDRE	SS OF FA	CILITY	Tion of	TNO	
Mulleys & C	earl			2	254	Car	rol	ERAL HON	W.	Washi	ngton DC
23. PART i. Enter the diseases, or a shock, or heart fellure.	complications that	ceused the dear e on each line.	th. Do no	ot enter	the mo	de of dy	ing, suc	ch ss cardisc or rea	olratory s	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel											Onset and Death
disease or condition resulting in death)	Bronch	opneum	onia	1							Days
	DUE TO (C	OR AS A CONSECU	JENCE OF)	:							
Sequentially list conditions,	b										
if any, leading to immediate	DUE TO (C	OR AS A CONSEQU	IENCE OF)	i:							
cause. Enter UNDERLYING CAUSE (Disease or Injury	c										-
that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQU	IENCE OF)								

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Diabetes mellitus; gastrointestinal bleeding

24a. WAS AN AUTOPSY PERFORMED? 1 XYES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 X YES 2 □ NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 5 Residence 6 C Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural

Accident 1 YES 2 NO 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be 4 Homicide 29e. CERTIFIER

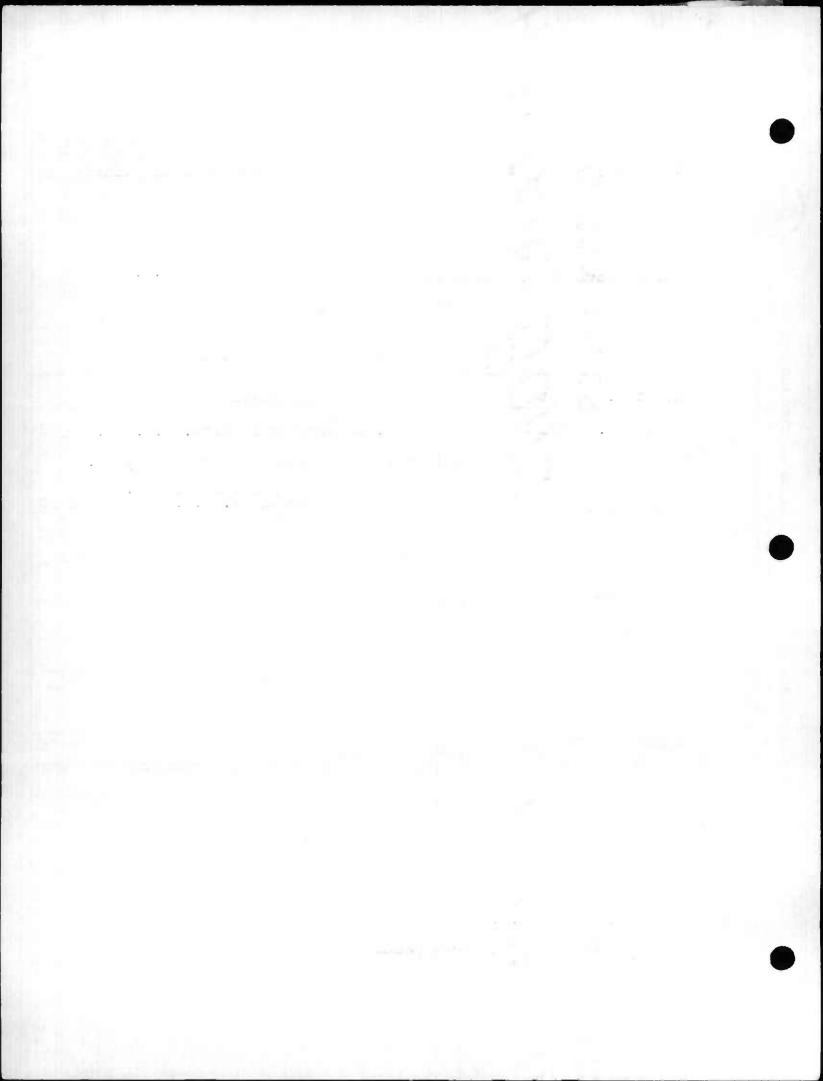
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death or

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

Lumber DEATH (ITEM 27) (Type, Print) Joan R. Kumar, M.D.

DRORDA March 91 Montgomery Genl Hospital, Olney, MD

31. DATE FILED (Morrith, Day, Year)
MAR 28 32. HEGISTHAN'S SIGNATURE



	FOR	CTATE OF MADVI	AND / DEDAI	TREEN	. 05 11	FALTU	AND	MENTAL	HVOLENI		91	0969
1	- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,	STATE OF MARYL	CERTIF					2. DATE	REG. NO.		EAR 3.	TIME OF DEATH 2:00PM
	4. SOCIAL SECURITY NUMBER 220–28–8378	T.	(In yrs. lest birthday) 60 yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH -/05/30	8		ACE (State or Foreign
Ĭ.	90. FACILITY NAME (If not institution, give 9934 GRAVEL HIL	street end number)				BORC			,	9c, COUNT		ГН
DIRECTOR	RESIDENCE OF DECEDENT 10a TTE 10b. COUNT	REDERICK	10c.79	ODSI	SORO"	TION						d. INSIDE CITY
FUNERAL D	10° 9'9'54 A'GRAVEL HIL	L RD.			101	. ZIP COD	E 217	798		10g. CITIZE		YES 2 NO
BT FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 NO PATES		II yes, sp			n, Puerto F	? (Specify Yee ticen, etc.)	or No- 1	Block, W	American Indian, Vhite, atc.	
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	18e. DECEDENT'S (Give kind of life. Do NOT to WAREH)	work done ise retired.)	during mo	ON ost of workli	ng	186.	KIND OF BUS	NITUR			
E COMPL	17. FATHER'S NAME (First, Middle, Last) WILLIAM H. FILL	ER, SR.			,	18. MOT			Middle, Maiden :		ER	
2	196. INFORMANT'S NAME (Type/Print) MARY L. FILLER 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or 1 9934 GRAVEL HILL RD. WOODSBORO											
	20e. METHOD OF DISPOSITION D 1 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State	MI HO	PE CI	EMETI	ERY nd addre	SS OF FA	CILITY SBORC	D. D.	OODSB HART	ORO,	
23. PART I. Enter tha diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)												Approximate Interval Betwee Onset and Deal Onset an
N. MEDICAL	Perepheral arterial Myllians Perepheral arterial Myllians 1 yes 2 1 No 1 yes 2 1 No 1 yes										MAILABLE PRIOR TO OMPLETION OF CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHE 4 Nu	R:			6 Chhe				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. Til		28c. IN.	JURY AT ORK?	□ NO			city) E HOW INJURY OCCURED		
	3 Suicide 8 Could not b	e 28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm,	street, 1sc	tory, offic	•			ATION (Street e or Town, State)	and Number o	Rural Rou	te Number,
COMPLET	onel	SICIAN: To the best of my know NER: On the bests of examination										nd manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERT	tyrus h	10			-	ENSE NUI			29d. DATE	/ /	fonth, Day, Year)

296. SIGNATURE AND TITLE OF CERTIFIES

WHO SIGNATURE AND TITLE OF CERTIFIES

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAMES E. STONKA, SA 228 N. MARKET ST. FREDERIC/C/MA 21701

31. DATE FILED (Month, Day, 1961)

32. REGISTRAR'S SIGNATURE

APR 2'91

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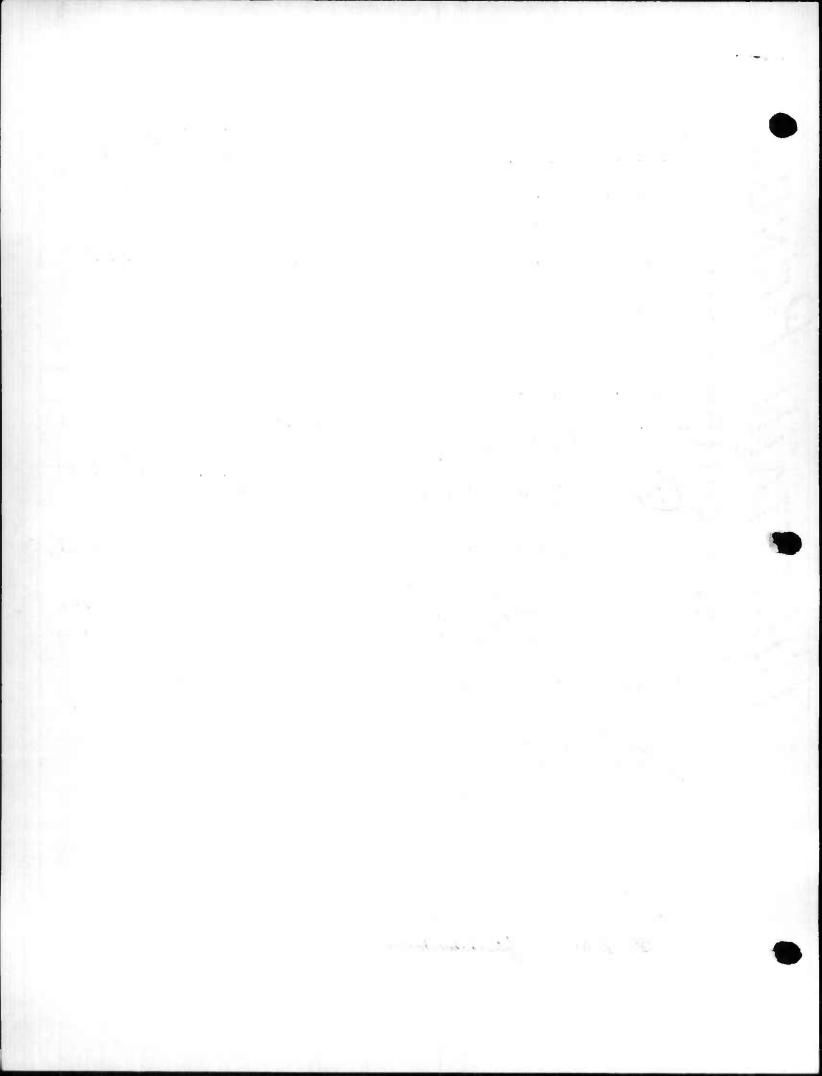
JAMES S. 191

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OHMH-18 Rev 1/89



INTERIOR OF VIEW REPORTED TO THE CONTROL OF THE CON	AND 21203-3146 the hospital or attending physician.
FECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 was after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.	detached for use as the burial-transit permit, Pages 1, 2, 3 and

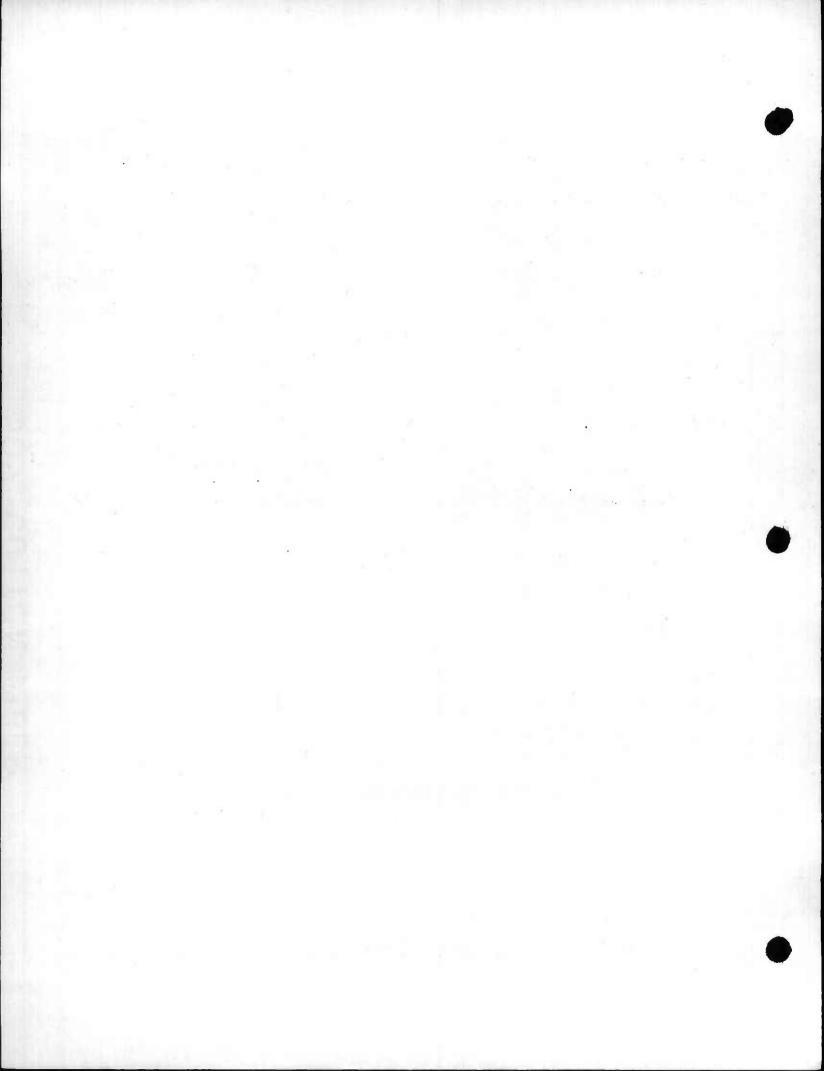
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH March 27 1991 Nettie Virginia Fleming 1:45 .P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-40-1950 MONTHS DAYS HOURS 1 🗌 M 2 💢 F 88 YRS. Sept.20 901 6 Maryland 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Sykesville Eldercare Center Sykesville Carrol1 RESIDENCE OF DECEDENT 10s, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 Sykesville 1 TO YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 nd Ave. 21784 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 yrs. Housewife none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Haugh Susie Lewis BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris D. Jaeger 1532 Arrington Rd. Sykesville, Md. 21784 ě METHOD OF DISPOSITION ACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 Suriel 2 Cremenon 4 Donation 6 Other (Specify) Buriel 2 Cremetion 3 🗆 view Memorial Gardens Eldersburg, Maryland 21. SIGNATURE OF FUNERAL 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 21784 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate shock, or heart failure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Finel age of disesse or condition NEUMONIA 1 month resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL DEMENTIA 1 YES 2 NO OF DEATH? 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?
1 YES 2 NO HOSPITAL: OTHER:
4 ID Nursing Home 6 - Residence 6 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNEB-OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Bulcide .00 ED 4 Homicide 28 determined П TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If I'em 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Mgrith, Day, Year)
3/28/91 29c. LICENSE NUMBER BE 133681 253 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SYKESVILLE MD 21784 M. M. LEVUY PU BOX INS 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
ı	1. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE C	F OEATH

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG.	NO.				
		Leon	F	RUSH		2. DATE OF OEAT MONTH April 2	DAY	YEAR	7:00 A		
1	4. SOCIAL SECURITY NUMBER 219-14-9521	5. SEX 6. AGE	MDG A	IF UNDER 1 YEAR		7. OATE OF BIRTH (Month, Day, Yea Jan. 14	r)	Country)	yland		
ECTOR	9a. FACILITY NAME (If not institution, give 363 Fair Meado			96. CITY, TOWN	N OR LOCATION OF D	EATH		hingt			
DIRECT	Maryland Wa		10c. CITY,	TOWN OR LO					IOd. INSIDE CITY LIMITS?		
ERAL D	100. STREET AND NUMBER 363 Fair meadou	ashington		0	rstown 101. ZIP CODE 2174	0	10g. CITIZEN OF WHAT COU				
FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS D	PECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Specif	NIC ORIGIN? (Specif	Yea or No	14. RACE - Black, Specify	- American Indian, White, stc.		
LED BY	15. DECEDENT'S EC		16a. DECEDENT'S U	ork done during	KTION most of working	16b. KIND OF	BUSINESS/IND	Wh:	Lte		
OMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	lile. Do NOT use	police			city				
S I	17. FATHER'S NAME (First, Middle, Last) Walter H. Frus	h				AME (First, Middle, Me a Draper	iden Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print) Ruby G. Frush				eadows Bl				21740		
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	amoval from State	b. PLACE OF OISPOSIT	TION (Name of	cemetery, crematory or	200	LOCATION —	City or Tow	n, State		
	Rest Haven Cemetery Hagerstown, Maryland 21. SIGNATURE OF THE AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md.21740										
ERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
EDICAL CER	PART II. Other significant conditi	one contributing to death i	but not resulting in	the underly	ying cause given in		. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Σ					7	1 - Ye	S 2X NO		DF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	PLACE OF DEATH (C)				
ВУ РНУ	27. MANNER OF CEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 4/2/91	28b. TIME INJU 7:00	JRY	INJURY AT WORK? YES 2 NO	Self-in	DESCRIBE HOW INJURY OCCURED 1f-inflicted gunshot wo				
ETED	3 Suicide 8 Could not a 4 Homicide detarmined	28a. PLACE OF INJUR building, atc. (Spe Home	Y — At home, farm, st eclfy)	treet, factory, o	ffice	201. LOCATION (S City or Town, 363 Fair	State)		, Hagers		
COMPLE	TOTION DITTY	YSICIAN: To the best of my know							and menner ea state		
TO BE C	29b. SIGNATURE AND TITLE OF CHATE	ales			29c. LICENSE NU D11266	MBER		4/2/9	(Month, Dey, Year)		
-	30. NAME AND ADDRESS OF PURION NO. Week	s, M.D., 580	Northern		Hagerstov	vn, Md.	21740				
	APR 03 '9	32. REGISTRAR'S SIG	Pavidson-Rank	delly							
-											

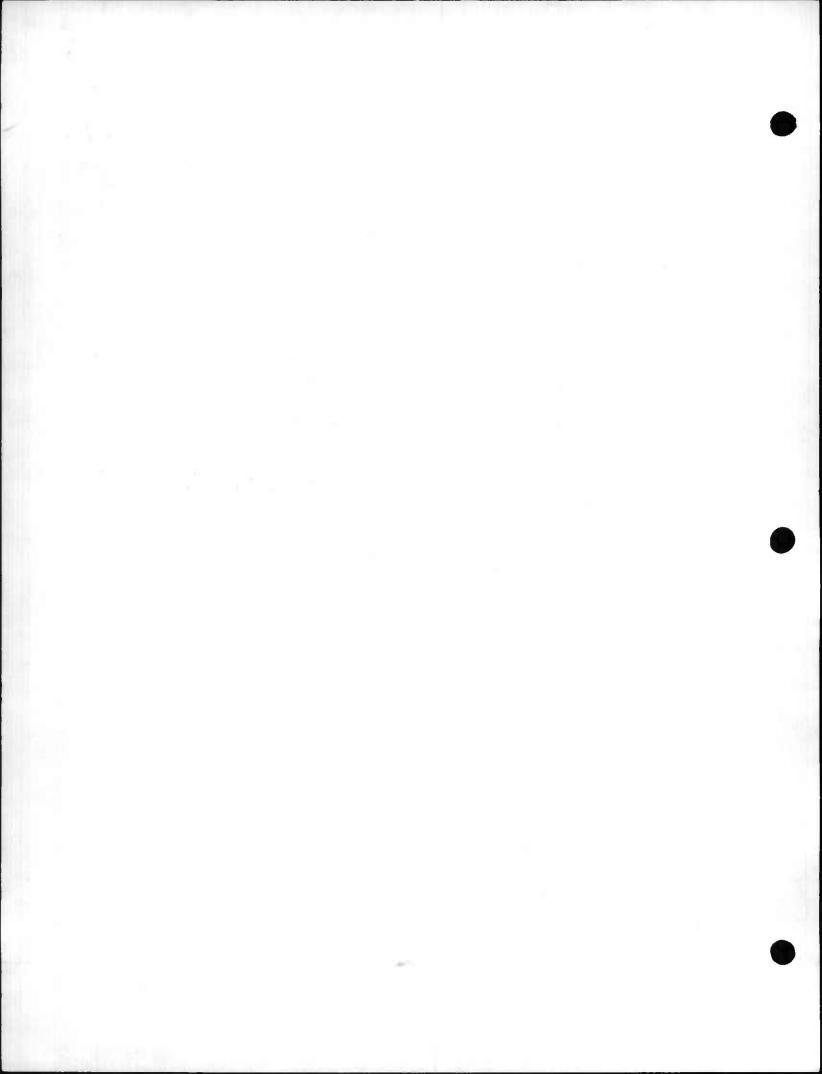


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	Nessen	-	
TO THE HIGH IN OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2- nous after death. Page 6 may be retained by the hospital or attending physician.	In the property of the first certaintate has been signed by the automorphy problem into the property into a property property of the property	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

MAR 2 1 '91

Julia Davidson-Randale

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT	OF H	EALTH DE AT	AND I	MENTA	L HYGIENI REG. NO.	91	0 9	9697
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH		
	Helen Virgini	a Ferri	sh						MONT	H I)	FEAR	9:55 DM.
١I			lost birthday) IF UNDER t YEAR IF UNDER		24 HRS.		OF BIRTH 8. B			PLACE (State or Foreign			
/	578-12-6547-A	1 🗆 M 2XXF	75	YRS. MONTHS DAY		DAYS	HOURS MIN.		(Month, Day, Year) 1-30-16		.	Virginia	
- 35	9e. FACILITY NAME (If not institution, give stre				9b. CITY	TOWN O	R LOCATIO	ON OF DE		-30-10	9c. COU	ITY OF D	EATN.
<u>e</u>								Freder				erick	
6	RESIDENCE OF DECEDENT	DITAL III	Obpida	TIEGETICK .									
рівестря	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?				
	Md. Fred	erick		Frederick								1 TES ENO	
AL	10e. STREET AND NUMBER					10f.	ZIP CODE		10g. CITIZEN			ZEN OF W	HAT COUNTRY?
FUNERAL	8406 Williams	Drive			21701						USA		
5		12. WAS DECEDENT			13.	WAS DEC	ENDENT O	F NISPA	IIC ORIGII	N? (Specify Yee	or No—		- American Indian, White, atc.
	1 Never Married 2 Married	FORCES? 1 [U			2X ND			Ricen, etc.)		Speci	ty:
BY	3 Widowed 4 Divorced												White
E	15. DECEDENT'S EDUCA (Specify only highest grade of		18a, DE(CEDENT'S	Work done	CCUPATIO	N at of workin	g	16t	. KIND DF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)											
COMPLETED	12	0		Bus	ines	ss O	ffic					Dru	g Store
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Sm:	Middle, Meiden	Sumeme)		
BE	Goldie Stuart												
2	19e. INFORMANT'S NAME (Type/Print)		19b				nd Number Da — 1		Route Num	nber, City or Town	n, State, Zip	Code)	
-	Roy M. Ferrish	1											
	20e. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Remove	val from State	20b. PLACE other pla	OF DISPD	SITION (N	ame of cen	emet	natory or			cation —		
	4 Donation 6 Other (Specify)		Ced	aar	HII	1 0	emet	егу					
	Geranne de	J. Bad	1	5	6	633	01d	Al Md.	exa:	Lee Fi nder 1 735	uner Ferr	y R	HOme, Inc. oad
	23. PART I. Enter the diseases, or co												Approximate
	shock, or heart fallure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.				n a	vic	m	- 0	ln	Incel	lirla	4	interval Between Onset end Deeth
ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	DUENCE C	NF):								
- I	PART II. Other aignificent conditions	contributing to d	death but not n	esuiting	in the u	nderlying	cause (liven in	Part i.	24a, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
3										PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										1 TES 2	LIND		OF DEATH?
Σ													1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00 D	105.05.0	F. 4 T. 101	-1 -1				
0	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATN (C)	reck only o	one)			
IYS	1 YES 2 NQ 27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF II						sidence	_	er (Specify)		0/1000	
	Westural 6 Pending	(Month, Day		26b. TII	JURY		PRIC?	7 110	28d. DE	SCRIBE NOW I	NJUNY DC	CUMED	
BY	2 Accident Investigation	280 BLACE OF	IN HIRDY As he				YES 2	_ NO	004.10	CATION (O		0	Donas Montas
8	3 Suicide 6 Could not be 4 Nomicide determined	building, e	INJURY — At ho rtc. (Specify)	······································	eliust, 180	tory, onic			C/h	CATION (Street of Your Town, State)	eriu reimbe	or numil t	number,
Ē	20- CERTIFIER					-							
COMPLET	(Check only												
8	2 MEDICAL EXAMINER	. On the basie of exa	mmation end/or i	rrvestigati	on, in my	opinion, d	eath occur	red at the	time, dat	re end place, er			A STATE SHIP TO SERVE
BE (296. SIGNATURE AND TIEVE OF CERTIFIER	10					29c. LICI	ENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
5	1971	FORLA.	1				1)	22	101			5//) (7)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E UP DEATH (ITE	m 27) (No	e. Print)			- /				1	



		9
		76
		notified
•		9
		must
	·	ted. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
	or remova	medical
	ation,	t e
	, crem	event.
	vith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	raumatic
	lygiene pr	r other t
	Mental F	njury, o
	h and	any
	of Healt	Shows
-	Dept.	23
-	State	Hem
5	the	0
	=	bes

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Renu

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
PTA 7215-D HAND

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalla

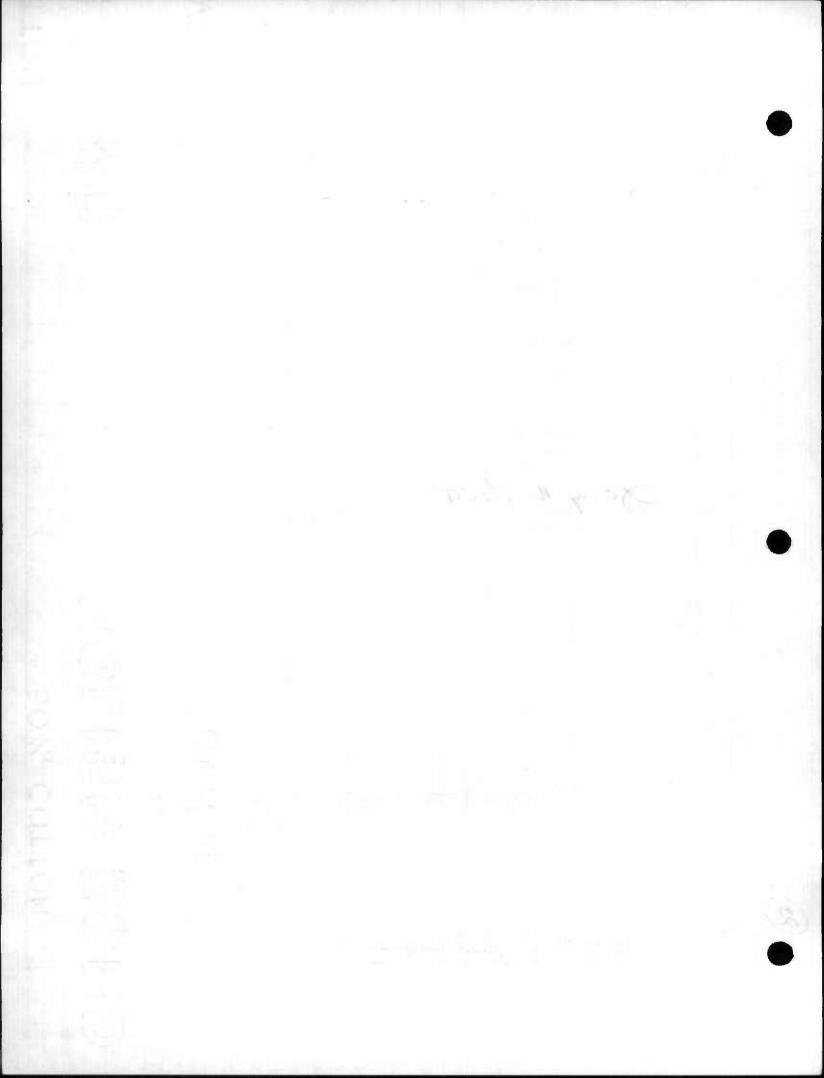
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA	ATE OF	DEATH	REG. NO		3. TIME OF OEATH	
MARY C FAGINS					MONTH D	AY YEA	2:40pm	
FF4 04 00F0	6. AGE (In y		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MARCH 1 7. DATE OF BIRTH (Month, Day, Year) 3 / 2.8 / 1.2	8. B	IRTHPLACE (State or Foreign punity)	
90. FACILITY NAME (If not institution, give street DOCTOR S COMMUNIT				R LOCATION OF DE	ATH	9c. COUNTY (Alabama DE DEATH E GEORGE'S C	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Md.	P.G.		irmour	on nt Hgts	· .		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
106. STREET AND NUMBER 910 59	th Ave.		101.	20743		1.35	of what country?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS OECEOENT EVER IN U.S. AR FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES							ACE — American Indian, lisek, White, atc.	
15. OECEOENT'S EOUCAI (Specify only highest grade co		Give kind of work We. Do NOT use re	IAL OCCUPATIO done during mos tired.)	N It of working		Gov t	19	
						irst, Middle, Melden Surneme) J. Riggs		
190. INFORMANT'S NAME (Typo/Prim) Margaret Eady		the state of the same of the s			Jersey		N.J.07305	
26a. METHOD OF DISPOSITION 1 ☑ Burlei 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	al from State of cen	LACE AND DATE OF one tary, crematory or one tary.	other place)			cation - city		
21. SIGNATURE OF FUNERAL SERVICE LICEN	YSEE	-	H.S		ngton & S	Sons, I		
23. PART I. Enter the diseases, or conscious thock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition			enter the mod	da of dying, suc Anne	th an cardiac or resp	olratory arrest,	Approximata Interval Betwee Onset and Dea	
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	a of	dem	g with	Moles	tasis	
PART II. Other significent conditions	contributing to deeth but	not resulting in t	he underlylng	g cause given in		RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	HOSPITAL:		THER:	ACE OF DEATH (C)	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO								
2 Accident Investigation		Al home, farm, stre-	or, rectory, office	•	261. LOCATION (Stree City or Town, State		urai Houte Number,	
2 Accident Investigation 3 Suicide 6 Could not be determined	building, stc. (Specify,							

PKWY

ANOVER

DHMH-16 Rev 1/89

GREENBELT MD 20170



8. BIRTHPLACE (State or Fore Country)

DHMH-16 Rev 1/89

3694R

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

MARY

1 -

1	577-26-8494	1 M 2 KEX	/3	rrs.			Feb	7,1	918	Vir	ginia			
3 14	9a. FACILITY NAME (If not institution, give a	1	// -		Y, TOWN OR LOC	ATION OF DI				Y OF DEATH	10			
DIRECTOR	So. MANY	MAND	HUSP		HINT	ON				D. B	COUNT			
ם	RESIDENCE OF DECEDENT/ 10s. STATE 10s. COUNTY 10c. CITY, TOWN OR LOCATION										. INSIDE CITY			
E	Maryland Prince Georges Fort Washington									13	LIMITS?			
	10e, STREET AND NUMBER	iice deorg	500	TOLL	101. ZIP C	<u> </u>			10. 017171	12K	YES 2 NO			
FUNERAL	The state of the s				101. ZIP C	OUE			715					
N N	12516 Arrow P	ark Drive	2		207	44	***			S. A				
급	1 Never Married 2 Married	FDRCES? 1	YES 2 X NO	15	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—" 14. RACE — American If yes, specify Cuban, Mexican, Puerto Rican, etc.)									
B	कृत्सि Widowed 4 ☐ Divorced	IF YES, GIVE WAR	DR DATES		1 TYES 2	NO Specif	у:			Specify:	1			
	15. DECEDENT'S EDU		16a. OECEE	ENT'S USUAL	DCCUPATION	Garage Control	16b. I	KIND OF BU	SINESS/INDU	Blac	K			
Ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do	NOT use retired.	during most of wo	orking								
4	12th grade		Hous	ewife										
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. M	OTHER'S NA	ME (First, Mi	iddle, Meiden	Surname)					
w	Robert Clopton	n				Henr	ietta	a Ber	verly					
8	Robert Cloptor 19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRE	SS (Street and Nun	nber or Rural	Route Numbe	or, City or Tow	m, State, Zip C	Code)	20744			
5	Laverne Finch		12	516 A	rrow P	ark	Drive	e. Fo	ort W	ashi	ngton, M			
	200 METHOD OF DISPOSITION		20h PLACE AN	DATE OF DIS	POSITION (Name		DATE	20c 10	CATION C	ty or Town	Sinte			
	ACCEPTED 2 Topenation 3 Removal from State Harmony Memorial Park 3/16/91 Landove:													
	21. SACHATURE OF FUNERAL SERVICE LI	CENSEE	/	2:	. NAME ANO AOC	DRESS OF FA	CILITY 6	Kent	redv	St. N	W 20011			
	1 /4 / K	11.1		,T	ohnson	& .T.	enkir	as Tr	1C	Wach	ington,			
	West 1	form									Approximate			
	23. And 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel													
-34	disease or condition Management of the Control of t													
	resulting in death)	a. T OUE TO (O	R AS A CONSEDUE	NCE OF):	CITON									
_		Cheonic	renai	1 fai	lune									
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUE	NCE OF):										
3	cause. Entar UNDERLYING CAUSE (Disease or Injury	Subdur	al hem	atoma	Toma									
E	that initiated events	DUE TO (O	R AS A CONSEQUE	NCE OF):		(4)								
EB	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
100	PART ii. Other algnificant condition	ns contributing to de	eth but not resu	ilting in the	Indertvina caus	te given in	Part I.	24s. WAS AF	AUTOPSY	24h. WF	RE AUTOPSY FINDING			
MEDICAL	3,5,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,					g.von III		PERFO	RMED?	AVA	ILABLE PRIOR TO MPLETION OF CAUSE			
O					-		_	1 TYES	2 🗌 NO	OF	DEATH?			
							_			10	YES 2 NO			
YSICIAN:														
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН										
	1 YES 2 NO	1 Inpatient 2 E			ursing Home 5		_							
F	27. MANNER DF DEATH 1 Netural 5 Pending	28e. DATE OF IN (Month, Day,	Year)	8b. TIME OF INJURY	28c. INJURY A' WORK?	-	28d. DE\$0	CHIBE HOW	INJURY OCCI	JHED				
ВУ	2 Accident Investigation	80. 81.00.5	MI II II III A	M.	1 YES	2 NO		74041						
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I	NJURY At home, c. (Specify)	rarm, street, fr	ctory, offica			TION (Street or Town, State	and Number o	r Runii Routi	Number,			
	The second secon													
COMPLET		SICIAN: To the best of my												
OM	one) 2 DEDICAL EXAMIN	ER: On the basis of some	mination and/or Invi	stigation, in m	opinion, death o	ccured at the	ilme, data i	and place, a	nd due to the	cause(a) an	d manner as stated.			
E C	296 SIGNATURE AND NITLE OF CENTER	16.16	,		29c.	LICENSE NU	MBER		29d. DATE	SIGNED (Mo	onth, Day, Year)			
0	Xun VI	anely	VIM		2	21.0	437		D 3	-13-	9/			
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED OWNE	OF DEATH (ITEM 2	7) (Type, Print)		,					,			
	SPACE STATE OF STATE		1											
	<u> </u>	I as projectors												
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE											
	MAR 1 9 '91	L. A.	Savidon-R	indell										

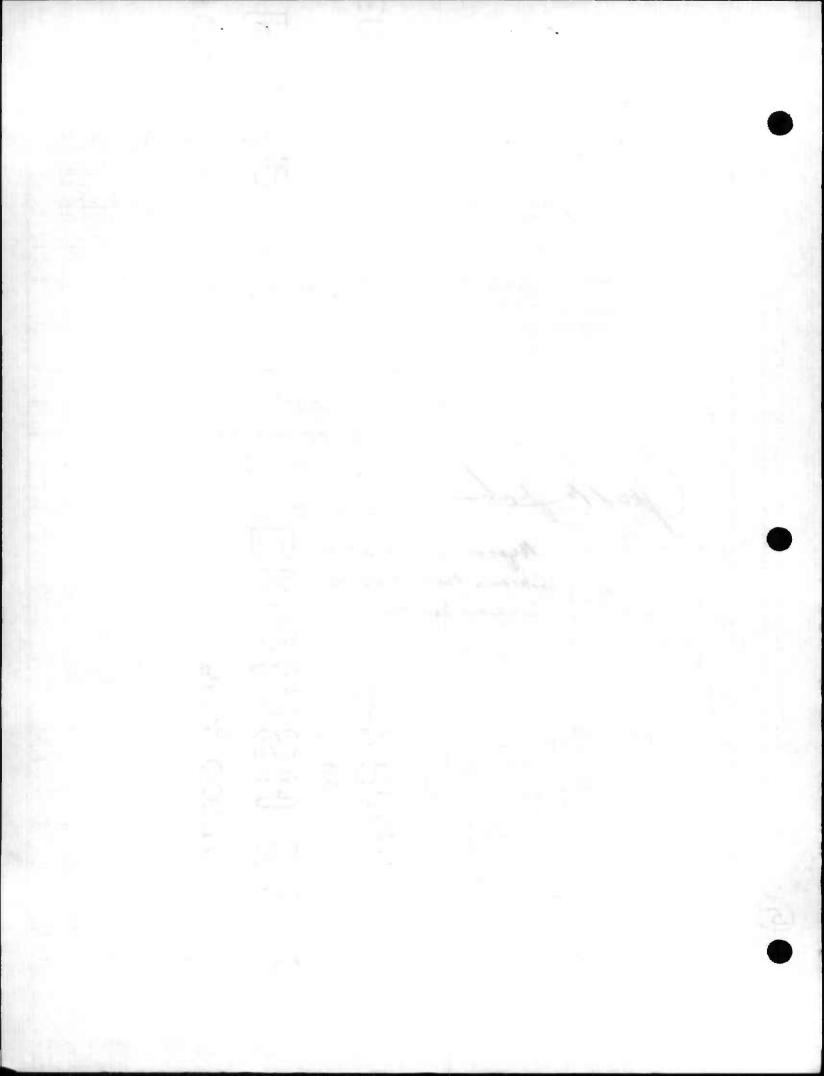
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FITCHEARD

PRUDER 1 YEAR | F UNDER 24 HRS.

2. DATE OF DEATH A

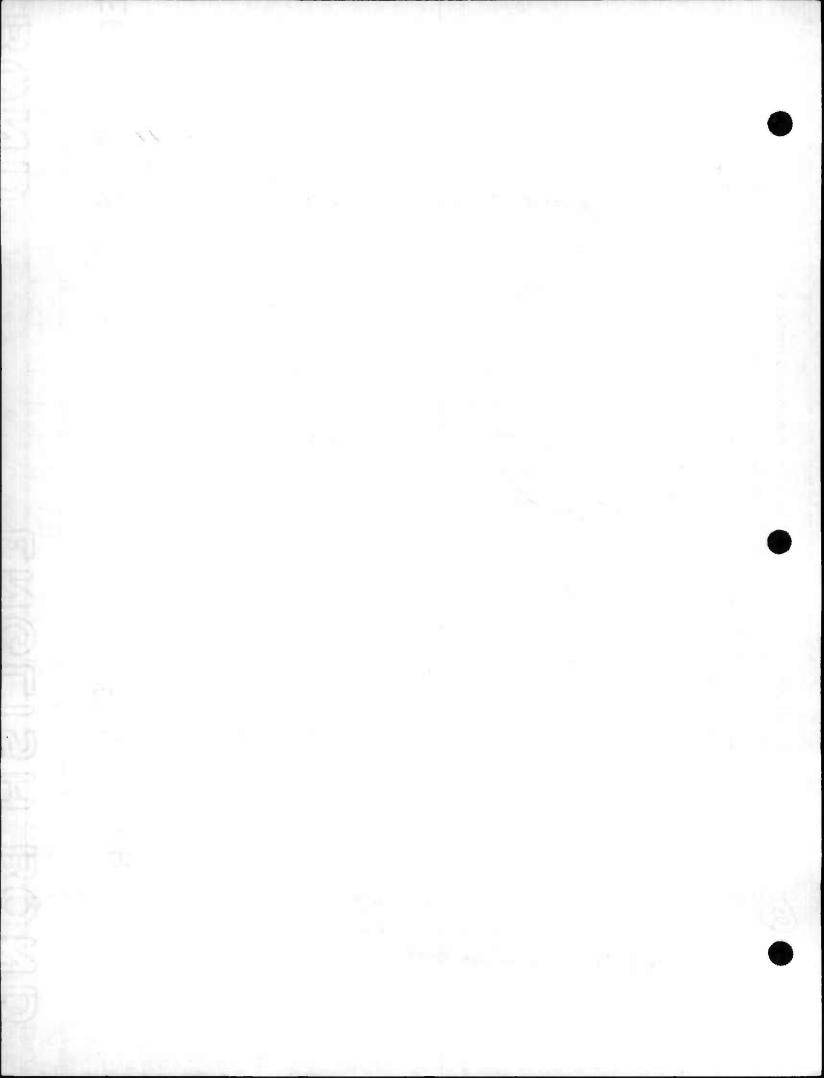
7. DATE OF BIRTH (Month, Day, Year)



OHMH-16 Rev 1/89

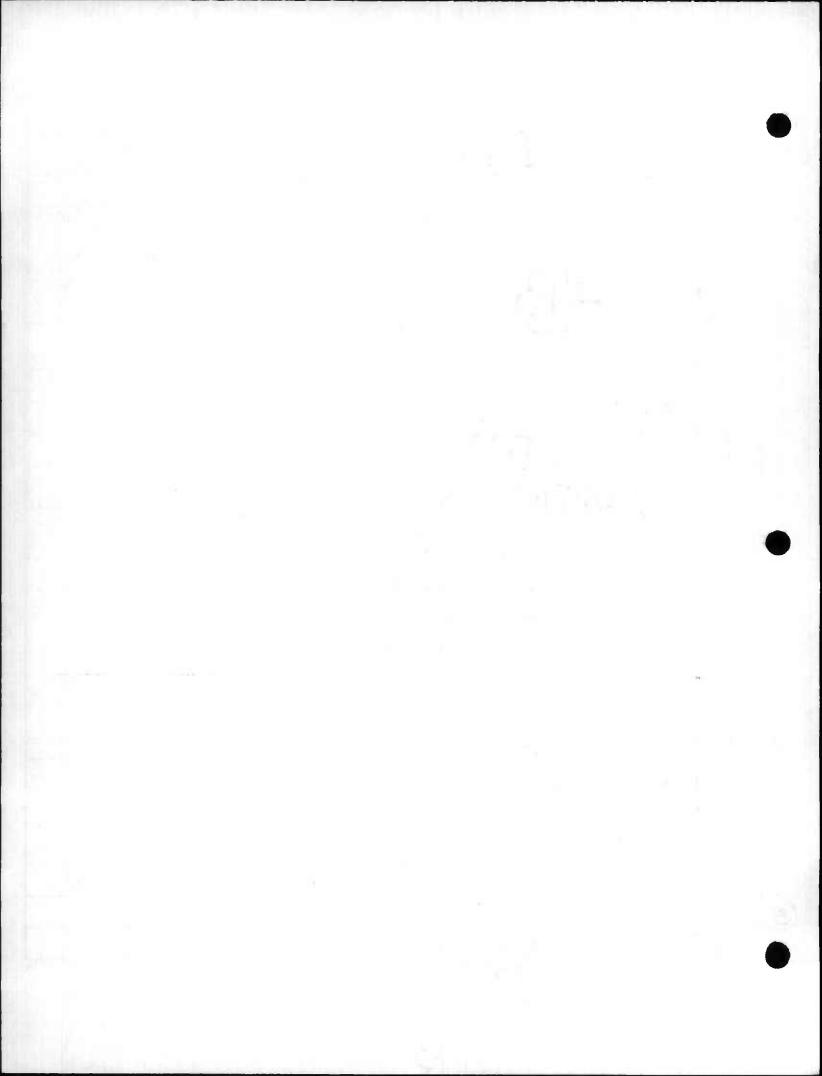
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last)
Celian W. Fogle 2. DATE OF DEATH 3. TIME OF GEATH 9 YEAR 4.55 n 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) 1 M 2 F 578 01 7533 YRS. DEC 16,1913 SOUTH CAROLIN 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH MAR 50 LINTON DUNT. RESIDENCE OF DECEPENT DIRECT Pages 10s. STATE Db. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY D.C. N/A WASHINGTON, D.C. XXYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12th STREET N.E. burial-transit 3725 #109 20012 USA ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3√XWidowed 4 □ Divorced filled in by the funeral director, page 5 should be detached for use as the ion, or removal. BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16b, KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) DOMESTIC WORK HOME Q+h 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at AUGUSTUS WASHINGTON MISSOURI DEVOE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUTH CARTER #109 WASH.D 12th STREET E N 9 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must HARMONY 3/23/91 MEMORIAL LANDOVER, MD examiner 21 FIGHA URE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RALPH WILLIAMS FUNERAL SVC. 719 KENNEDY STREET N.W. ar medical 23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert fellure. Liet only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final been signed by the attending physician and completely fille it, of Health and Mental Hygiene prior to burial, cremation, shows any injury, or other traumatic event, the disease or condition cer resulting in death) requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, BUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: Dept. DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate hadeath with the State D marked, or Item 5 HOSPITAL: OTHER: 1 YES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA 4 - Nur me 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 1 YES 2 NO BY After t 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Af be filed within 72 hours after de IMPORTANT: If Item 28 IS 1 40 ETED. 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-(ITEM 27) (Type, Print) 5 Ny 206 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

Savidon Randale



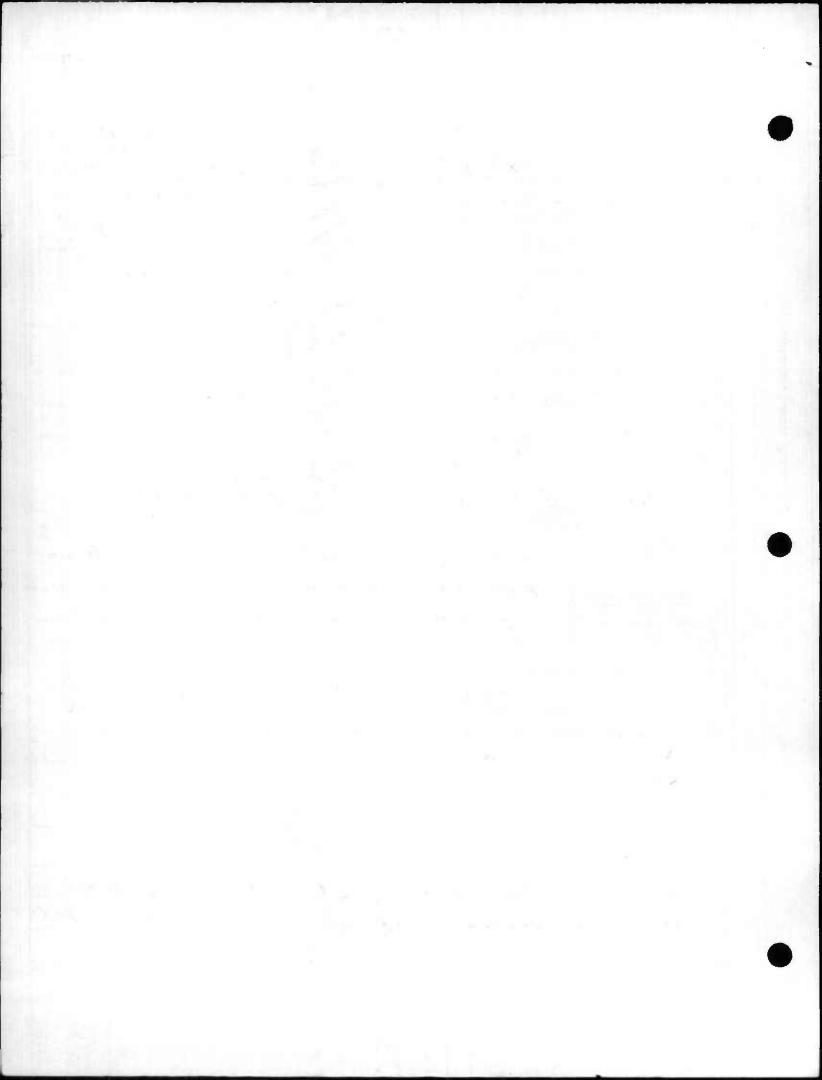
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this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u		once.
8		펂
should		otified
52		=
pag		be l
irector,		SOW.
funeral d		arked or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
the	Mal	=
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1	FOR STATE REGISTRAR	TE OF MARYLAI	ND / DEPAR				NENTAL HYGIEN				
	1. DECEDENT'S NAME (Firgt, Middle, Leal)	FRED!					2. DATE OF DEATH MONTH 0 3 - 14	- 9		TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SE	M.	yrs. last birthday)	IF UNDER 1		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign	
	98. FACILITY NAME (If not institution, give street and		37 YRS.	ah CCTV 7	MAL OF L	OCATION OF DEA	Sept 18,		NEW_		
E .	Greater Laurel Belts	·	nital		urel	SCATION OF DES			ince G		
6	RESIDENCE OF DECEDENT	SVIITE HUS						1 11			
DIRECTOR	Haryland Prince	George		r, town on Laure				10d. INSIDE CITY LIMITS? 1/1 YES 2 □ NO			
	10e. STREET AND NUMBER	acorge		Lauie	10f. ZIF	CODE		10g. CITI	ZEN OF WHA	7.	
ER	401 Montgomery Street	et				20707		Į	JSA		
FUNERAL	1 Never Married 2 Married	AS DECEDENT EVER IN U PRCES? 1 TYPES YES, GIVE WAR OR DATE	24 TNO	- 11		Cuban, Mexican	IC ORIGIN? (Specify Ye n, Puerto Rican, atc.)	a or No—	14. RACE		
à l	3 Wildowed 4 Divorced				24.54.7444		16b. KIND OF BU	IE IN FEE (IN)	MICTEV	White	
	15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) Coffe	pd) ge (1-4 or 5 +)	(Give kind of Ille. Do NOT L	work done du	ring most of	working	166, KIND OF BU	ISINESS/INL	JUSTHY		
ᆲᅦ	12	0	Homem	aker			Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18	MOTHER'S NAM	ME (First, Middle, Maide	Sumame)			
BE	Joseph W. Weimer						ta Ford	- 0 7	0-4-1		
ဂ္	Joe A. Fredholm						et Laurel.				
	20a METHOD OF DISPOSITION 1 M Suriel 2 Cremation 3 Removal Inc	20b. I	PLACE OF DISPO				-		City or Town,		
	4 Donation 5 Other (Specify)	Mea Mea	adowrid					Baltir	nore,	HD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0.2	/ .			Funeral	l Home, In	ic.			
	1 Tala Ou	Veage	4	7	601 S	andy St	oring Road	Lai			
	23. PART i Enter the diseases, or compil shock, or heart failure. List in immediate CAUSE (Final disease or condition		th line.						rest,	Approximate interval Between Onset and Death	
_	resulting in death) a.	DUE TO (OR AS A C	CONSEQUENCE	OF):		1					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONTEQUENCE	OF):							
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):							
SER I	4_/	Alberra	ann	on							
AL	PART II. Other algorificant conditions con-	tributing to death bu	t not resulting	In the und	derlying c	ause given in	Part I. 24s. WAS A PERFO	N AUTOPSY ORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE	
200							1 YES	2 NO	0	F DEATH?	
PHYSICIAN: MEDIC						.	_		'	YES 2 NO	
MA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:				E OF DEATH (Ch	eck anly one)				
YSIC	1 □ YES 2 NO 1X	Inpatient 2 - ER/Outpe		1	ing Home		6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. Ti	ME OF YJURY M	28c. INJUR WORK 1 YES		28d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Speci		, street, facto	ory, office		281. LOCATION (Stree City or Town, Ste		er or Rural Rou	nte Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On									and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	An- 1	1-1		2	oc. LICENSE NUI		29d. DA	TE SIGNED (A	forith, Day, Year)	
TO BE	200	Welfer		MD			66	•	3-1	5-91	
-	30. NAME AND ADDRESS OF PERSON WHO CON		TH (ITEM 27) (7)	all	ul,	. Mc	1.20;	707			
	31. DATE FILED (Month, Day, Year)	12. REGISTRAN'S SIGNA	TURE Dranda 90								
	MAR 21'91 94	ha Davidon-V	hibran							DHMH-16 Rev 1/81	



BALTIMORE, MARYLAND 21203-3146	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transion, or removal.	the modified anomines much be nestitived at some
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 8 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mertal Hyglene prior to burial, cremation, or removal.	sometimes as a transfer of the state of the

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,	Sarah C			F DEATH	REG. NO.	-27-91	3. TIME OF DEATH			
	Sunah G	Sarah G	France	i e		3 2	7 9	10:50			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. E	NRTHPLACE (State or For			
	222-16-7560	1 - M 2 12 F	75 YRS.	MONTHS DAYS		Nov. 20, 1					
~	Sa. FACILITY NAME (If not institution, give				N OR LOCATION OF DE	EATH	9c. COUNTY				
0	Union Hospital	of Cecil Coun	ty	Elkt	on		Cec	11			
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY			
PIF	Maryland Ced	cil	E1	kton				1 TYES 2 TO			
ERAL	10e. STREET AND NUMBER				10f. ZIP CODE			OF WHAT COUNTRY?			
Ä	2152 Blue Ball I				21921		U.S.	Α.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	13. WAS D If yea, 1 🔲 Y		RACE — American India Black, White, etc. Specify: White					
ED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPY	ITION most of working	16b. KIND OF BU	SINESS/INDUST	RY			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	retired.)	most or working						
COMPLET		4	Salesp	erson			hold Pr	oducts			
	17. FATHER'S NAME (First, Middle, Last)	m 17-14-			18. MOTHER'S NA	ME (First, Middle, Meiden Sarah M. !					
BE	Cleveland 19a. INFORMANT'S NAME (Type/Print)	T. Waltz	top stance.	ADDRESS (%)	et and Number Out		-				
2	Edith E. Dvorak		The Control of the Co		tham Road	Aoute Number, City or Tow Elktor		21921			
	20s. METHOD OF DISPOSITION	20			cometery, cremetory or		CATION — City				
	1 Burial 2 X Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	R.A. Ferr					ester, PA			
	21. SIGNATURE OF FUNERAL SERVICE L		1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HICKS HOME for Funerals, P.A. Bow Stockton Streets Filtran MD 2003										
	23. PART I. Enter the diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate										
	shock, or heart failure	. List only one cause on	each line.				, , , , , , ,	Interval Be Onset and			
	IMMEDIATE CAUSE (Final disease or condition	Carl	0000		back			1/			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	0			10 1001			
z		a Bulm	onanu	ed	ema			unkn			
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	1 /			1-			
SICA	CAUSE (Disease or injury	a myeca	and fal	12	tarotio	2		unKh			
TIE	MMEDIATE CAUSE (Final disease or condition resulting in death)										
씽	4 11 3000										
CAL	PART II. Other significant condition	ons contributing to death	but not resulting i	n the underly	ring ceuse given in	Part i. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FIN MAILABLE PRIOR T			
DIC	4				,	1 YES :	TONO	COMPLETION OF CO OF DEATH?			
MEDIC								1 YES 2 N			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				04 AOF OF THE			16.74			
7	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (CI						
3		1 Inpatient 2 NER/Out	thetieur 3 🗆 DOV		INJURY AT		INJURY OCCUR	ED			
HYSIC	1 Nes 2 No	28a. DATE OF INJURY	28b, TIM	E OF 1 28c.		28d. DESCRIBE HOW INJURY OCCURED					
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIMI	URY	WORK?						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJUR	Y — At home, farm, a	M 1 [WORK? YES 2 NO	201. LOCATION (Street		Bural Route Number,			
ED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	Y — At home, farm, a	M 1 [WORK? YES 2 NO	281. LOCATION (Street City or Town, State		Bural Route Number,			
LETED BY PHY	27. MANNER OF DEATH 1	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, a	M 1 [WORK? YES 2 NO	City or Town, State		Bural Route Number,			
LETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	(Month, Day, Year) 28e. PLACE OF INJUR	Y — At home, farm, a scity) wiedge, death occurre	M 1 [street, factory, o	WORK? YES 2 NO	City or Town, State	nner as stated.				
LETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp. (SICIAN: To the best of my knowner: On the bests of examinations)	Y — At home, farm, a scily) wiedge, death occurre on and/or investigation	M 1 [street, factory, or and at the time, or a, in my opinion	WORK? VES 2 NO Notifice Interest and place, and due n, death occurred at the 29c. LICENSE NU	City or Town, State to the cause(s) and me time, date and place, at	nner as stated. Indidue to the ca	nuse(s) and manner as st GNED (Month, Day, Year)			
BE COMPLETED BY PHY	27. MANNER OF DEATH 1	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp. (SICIAN: To the best of my knowner: On the bests of examinations)	Y — At home, farm, a scily) wiedge, death occurre on and/or investigation	M 1 [street, factory, or and at the time, or a, in my opinion	WORK? VES 2 NO Notifice Interest and place, and due n, death occurred at the 29c. LICENSE NU	City or Town, State to the cause(s) and me time, date and place, at	nner as stated. Indidue to the ca	suse(s) and manner as st.			
COMPLETED BY PHY	27. MANNER OF DEATH 1	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp. (SICIAN: To the best of my knowner: On the bests of examinations)	Y — At home, farm, a scily) wiedge, death occurre on and/or investigation	M 1 [street, factory, or and at the time, or a, in my opinion	WORK? VES 2 NO Notifice Interest and place, and due n, death occurred at the 29c. LICENSE NU	City or Town, State to the cause(s) and me time, date and place, at	nner as stated. Indidue to the ca	suse(s) and manner as st.			
BE COMPLETED BY PHY	27. MANNER OF DEATH 1	28e. PLACE OF INJUR 28e. P	Y – At home, farm, a wredge, death occurre on and/or investigatio	M 1 [street, factory, or and at the time, or a, in my opinion	WORK? VES 2 NO Notifice Interest and place, and due n, death occurred at the 29c. LICENSE NU	City or Town, State to the cause(s) and me time, date and place, at	nner as stated. Indidue to the ca	suse(s) and manner as st.			
BE COMPLETED BY PHY	27. MANNER OF DEATH 1	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp. (SICIAN: To the best of my knowner: On the bests of examinations)	Y – At home, farm, a wredge, death occurre on and/or investigatio	M 1 [street, factory, or and at the time, or a, in my opinior	WORK? VES 2 NO Notifice Interest and place, and due n, death occurred at the 29c. LICENSE NU	City or Town, State to the cause(s) and me time, date and place, at	nner as stated. Indidue to the ca	suse(s) and manner as st			



	1. DECEDENT'S NAME (First, Middle, La	ot) M	rie f		ICATE O	DEATH	REG. 2. DATE OF DEATH MONTH	DAY	YEAR 3.	. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER						3	22 9	1	6 F		
	071-24-4187	5. SEX	6. AGE (In yrs. les	YRS.	MONTHS DAY		9/19/19	0_	Country)	ACE (State or Forek		
5	8a. FACILITY NAME (If not institution, ghad and see the second see the second see the second see the second see the second see the second see the second see the second se				OA M	n or location of D			ry of DEAT			
הטואשות	100. STATE 10b. COU Maryland Cec	NTY			y, town or Lo Decilto					DIA. INSIDE CITY LIMITS? X YES 2 NO		
	10e. STREET AND NUMBER				1	10f. ZIP CODE		10g. CITIZ		AT COUNTRY?		
מווייים	210 West Main St	treet				21913		U.S	S.A.			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2				DECENDENT OF HISPA , specify Cuben, Mexic YES 2 NO Speci	an, Puerto Rican, etc.		14. RACE — Black, V	- American Indian, White, etc.		
	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	(G	ECEDENT'S live kind of the Do NOT the Nemak	ee retired.)	ATION most of working	16b. KIND OF	BUSINESS/INDU	JSTRY				
	9 17. FATHER'S NAME (First, Middle, Last)	N/A	1101	iications	GI							
1	Gemaico Zaccheo					10 - 6-1	ame (First, Middle, Me ia Calani					
1	19e. INFORMANT'S NAME (Type/Print)		19	b, MAJLING	ADDRESS (Str				Code)			
196. INFORMANT'S NAME (Type/Print) Walter Furino 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 314 E. Memorial Ahoskie, N.C. 27910												
	20e. METHOD OF DISPOSITION 20e. PLACE OF DISPOSITION (Name of cometery, crematory or 1 (XBurfal 2 Cremation 3 Removal from State											
	4 Donation 5 Other (Specify)		_ Immaci	ılate	Conce	ption	Ch	erry H	111,	MD		
	21. SIGNATURE OF FUNERAL SERVICE	- more and a different			22 NAM	E AND ADDRESS OF E	ACILITY					
_	23. PÁRT I. Enter the disesses.	CONTROL OF COMPILEMENT	nat coused the de	eath. Do	Crou 127	ch Funera S. Main S	l Home t. North			1901		
	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one ca	luse on each line	ού T	Croud 127	ch Funera S. Main S mode of dying, su	1 Home t. North ch as cardiac or n	eaplratory arre	et,	1901 Approximat interval Bat Onset and to		
MICALION	shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	O (OR AS A CONSE	OUENCE O	Crou. 127 not enter the	ch Funera S. Main S	1 Home t. North ch as cardiac or n	eaplratory arre	et,	Approximat		
ш	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	O (OR AS A CONSE	OUENCE O	Crou. 127 not enter the	ch Funera S. Main S mode of dying, su	1 Home t. North ch as cardiac or n	eaplratory arre	et,	Approximat		
	shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO DUE TO DUE TO DUE TO DUE TO d. DUE TO	O (OR AS A CONSE	OUENCE O	Crou. 127 not enter the	ch Funera S. Main S mode of dying, su spirator	Home t. North ch sa cardiac or r y and Signin 2	eaplratory arre	24b. W	Approximatintaryal Bat Onset and I		
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15 Franklin Street
32. REGISTRAR'S SIGNATURE
Julia Davidson-Amdelle

Cambridge, MD

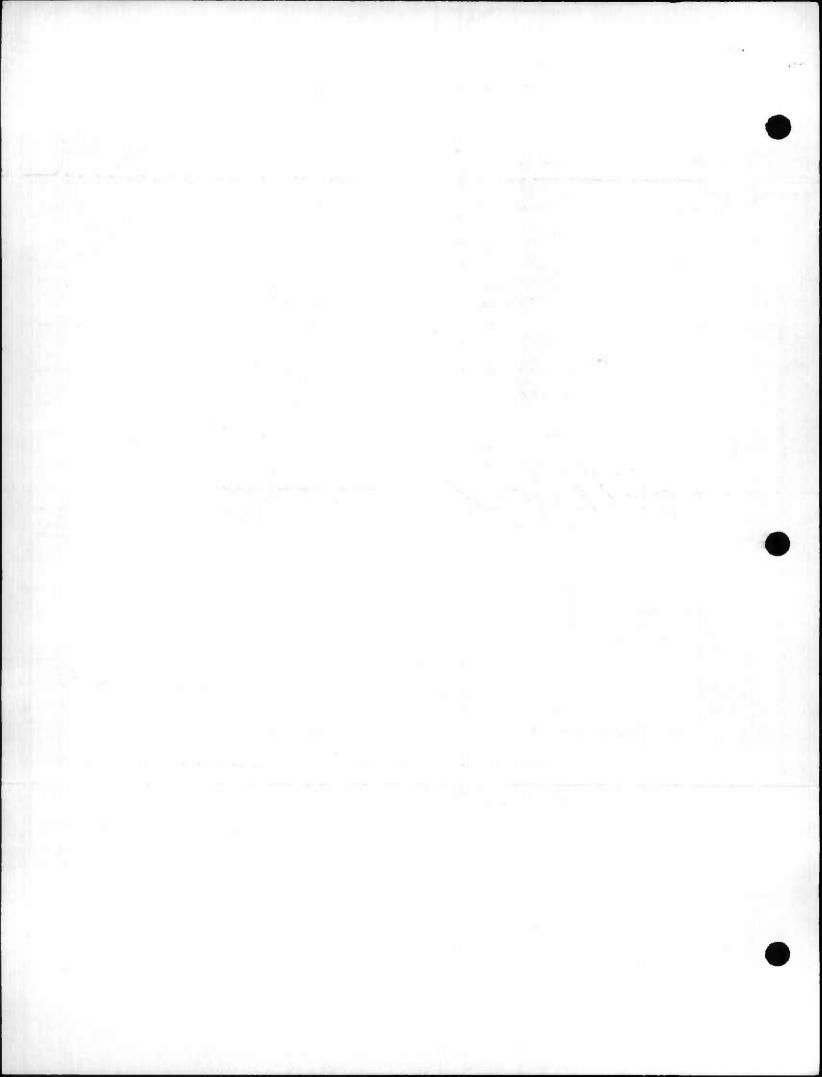
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

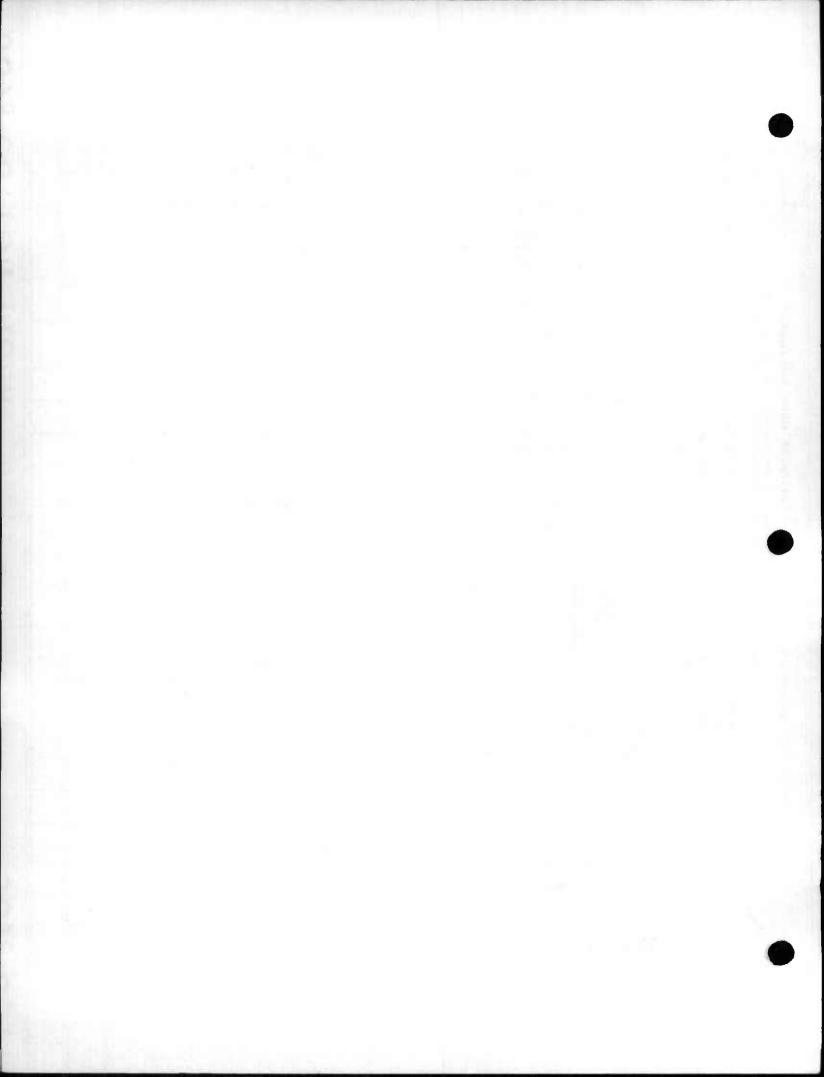
Eyup Tanman, M.D.

31. DATE FILED (Month, Day, Year) APR 02 '91

DHMH-18 Rev 1/89



	1. DECEDENT'S NAME (First,									2. DATE OF E	EATH	ıv	VEAR	3. TIME OF DEATH
	Geneviev	e		Ford						Marc	h 28	3, 19	9'I''	6:30 A M
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE		IF UNDER		7. DATE OF 8 (Month, De)		6. BIFT		IPLACE (State or Foreign
	147-10-887	8	1 🗆 M 2 📈 F	79	YRS.	MONTHS	DAYS	HOURS .	MIN.	Mar.		912		w Jersey
	9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				NTY OF D	EATH
DIRECTOR	12305 Rust		.1 Drive			Во	wie					Pri	nce	Georges
E	10a. STATE	10b. COUNTY				Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
<u>a</u>	MD		gomery		BC	wie								LIMITS?
FUNERAL	12305 Rust		1 Drive				101	207					ISA	WHAT COUNTRY?
5	11. MARITAL STATUS			T EVER IN U.S. AR						VIC ORIGIN? (S		or No-	14. RACI	E — American Indian, k, White, etc.
BYF	1 Never Married 2 3 J-Widowed 4 Divo			MAR OR DATES	Ю			2 - NO		in, Puerto Rican V:	, etc.)		Spec	ity:
	Λ		1					X						White
COMPLETED	(Specify only	EOENT'S EDU y highest grade	completed)	16a. DE	CEDENT'S	Work done	during mo	DN ast of worlds	ng	16b. KIN	D OF BU	SINESS/IN	DUSTRY	
٦	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)							_			
M	1.7. FATHER'S NAME (First, M	Releila Lauti			lomen	naker		10 1107	MEDIO MA	ME (First, Middle		Home	2	
ö	Frederick	,	rrett									,		
BE	19a. INFORMANT'S NAME (7		ITTELL	191	MAII INC	AODRES	S (Street)			mary O			n Cordel	
2	Gail Terr													
	20a. METHOD OF DISPOSIT		1201	20h PLACE	OE DISSO	SITION /N	ama of on	melant ame		, Bowi		CATION -		
	1 Suriel 2 Crematic		noval from State	Gree	nwoo	d Ce	mete	rv				n Di		17-41/11/12
	21. SIGNATURE OF FUNERA		CENSEE			22.	NAME A	ND ADDRE					ego,	CA
	Mic	laul	& n	elson						's Son			2010	n.DC 20016
	23. PART I. Enter the d	iseeses, or	complications the	it caused the de	ath. Do	not ente	r the mo	de of dy	ing, suc	h aa cardiac	or resp	iratory ar	reat,	Approximate
	ahock, or h IMMEDIATE CAUSE (Fir		List Dnly Dne car	use Dn each line										Interval Between Onset and Death
	disease or condition	-		Loward	10	50	000							
	resulting in death)		DUE TO	(OR AS A CONSE	DUENCE C	PF):	ريس	<u> </u>						11100
z			h.	LEPAUL OR AS A CONSEC CALL	90-	cal	low	(-						6 m.
CERTIFICATION	Sequentially list condit if any, leading to imme	diete	DU€ TO	(DR AS A CONSEC	DUENCE C	P):								0
2	cause. Enter UNDERLY CAUSE (Disease or Inju		С											
造	that initiated events resulting in death) LAS	T.	DUE TO	(OR AS A CONSE	DUENCE C	OF):								
斯			d				-							
	PART II. Other algnifice	ant condition	na contributing to	deeth but not r	eaulting	In the u	nderlyin	g cause	given in	Part I. 24s		AUTOPSY	248	. WERE AUTOPSY FINDINGS
MEDICAL										1,5	PERFO	1/		MAILABLE PRIOR TO COMPLETION OF CAUSE
										_ ' '	,	X	- 1	OF DEATH? 1 YES 2 NO
										_				
₹	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	DEATH (Ch	eck only one)				
Sic	EXAMINER?		NOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		10 5 R	esidence	6 Other (Sp	anth)			
PHYSICIAN:	27, MANNER OF DEATH		26a. DATE OF		28b. TII	ME OF	28c. IN.	JURY AT		28d. DESCRI		INJURY OC	CURED	
ВУ Р		Pending Investigation	(Month, E	Day, Year)	IN	JURY		YES 2	□ NO					
	2 Mickdorff 3 Suicide 6	Could not be	28e. PLACE (OF INJURY - At he	me, farm,	street, fac	tory, offic	00		201. LOCATIO			r or Rural	Route Number,
田	4 Homicide	determined	Sunding	, etc. (Specify)						City or ic	wn, State			
1	29a. CERTIFIER CERT	TIFYING PNYS	SICIAN: To the best o	f my knowledga, de	ath occur	red at the	time, date	and place	, and due	to the cause(s) and ma	nner as st	ited.	-,
COMPLETED	anal /													a) and manner as stated.
E C	296. SIGNATURE AND TITLE	E OF CERTURY	Po o		-			28c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	
0	mach U.	- Me	let h					D.	234	173		•	3	2991
2	30. NAME AND ADDRESS O	F PERSON WI				o, Print)	171	01	511	malan	01		D'	27777
	31. DATE FILED (Month, Day,	Year)		AR'S SIGNATURE		-	OI.	<u>U'</u>	- Du		XX	10	120	0010
	APR 1 -	'91	guna,	Davidson of	andell	20								



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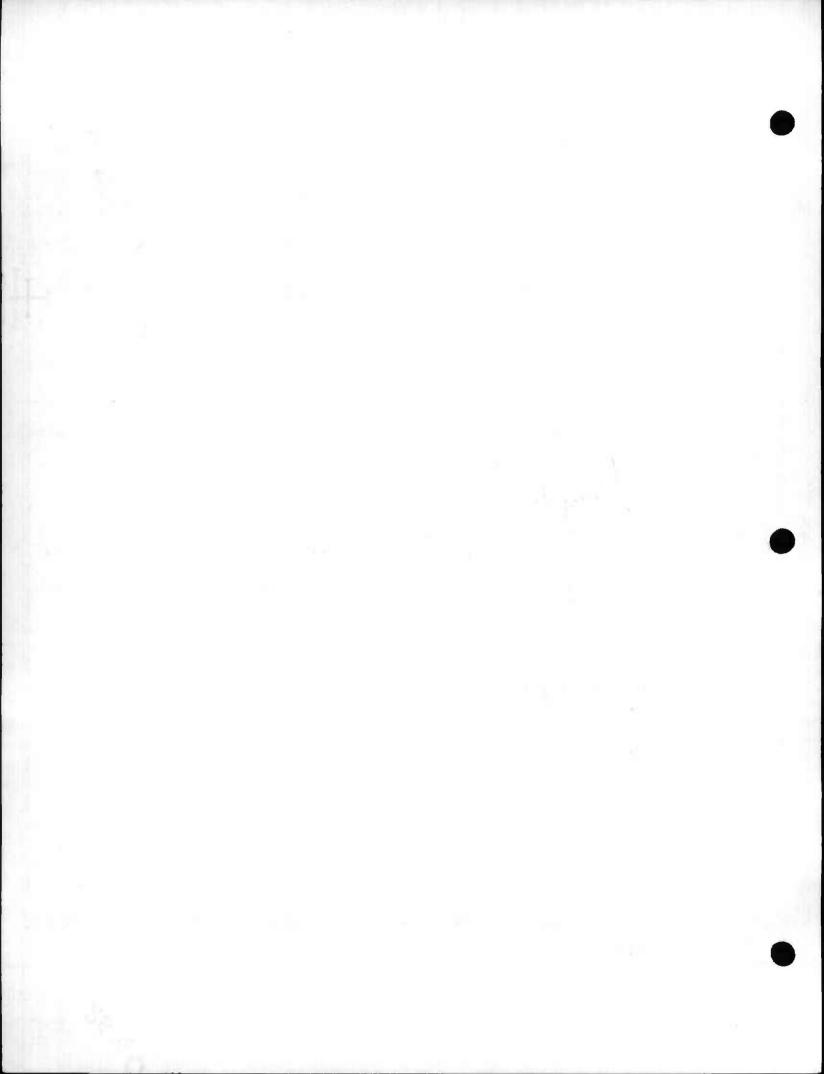
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	SUZAMUI	_ 77	Free	may	,		2. DATE OF DE	ZS DAY	97	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	MON	JNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	Year)	Countr			
	108-34-3880 9a. FACILITY NAME (If not institution	1 🗆 M 2 🗷 F	52	YRS.			1/13/		1	York		
	Washington Adv		ital	96.		or location of oe 1a Park	ATH	11	UNTY OF D			
Dimedion	RESIDENCE OF DECEDE	NT	Ital					FIOI	Montgomery			
		COUNTY			WN OR LOCA				1.5	10d. INSIDE CITY LIMITS?		
	Maryland Mo	ontgomery		S:		Spring		100 0	TIZEN OF N	1 ₩ YES 2 NO		
	2207 Washingto	on Avenue #	203		1."	20910		log. Ci	MRI COOMINIT			
one in	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR			CENDENT OF HISPAN			USA 14. RACE	— American Indian,		
:	1 Never Married 2 Married 3 Widowed 4 Olvorced	d FORCES? 1 [IF YES, GIVE WA	YES 2 XN R OR DATES	10		pecify Cuban, Mexica S 2 ☑ NO Specify		etc.)	Speci	white, etc. White		
	15. DECEDENT (Specify only highes	'S EDUCATION at grade completed)	(G	CEDENT'S USU	done during m	ON ost of working	16b. KIND	OF BUSINESS/IF	IDUSTRY			
COUNT LEI LE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT use ret				7	T. (
	17. FATHER'S NAME (First, Middle, Li	est) 4		Ed	itor	16. MOTHER'S NA		ulting				
	Benjamin Freed	277				-0.547,000,000,000	r Morri					
	19a. INFORMANT'S NAME (Type/Prin		191	. MAILING ADI	ORESS (Street	and Number or Rural I			Zip Code)			
-	Benjamin Metzg	ger (son)	2:	207 Was	shingt	on Ave.,	#203 S	ilver S	prin	g, MD 20910		
1	20a. METHOD OF DISPOSITION 1 💢 Burial 2 □ Cremation 3 5	Removal from State	other pla	ece)		ametery, crematory or		20c. LOCATION -				
	4 Donation 5 Other (Specifical, Signature of Funeral, Semi		Temple	e Beth		metery	A11 1774	Buffal	o, No	ew York		
	In signature of Forenas sem	S 14		22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Mem					Cha	oels, Inc.		
1	23. PART I. Enter the disease		ese			Rockville				MD 20852		
Serin icanicin	Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	۵	OR AS A CONSEC	DUENCE OF):	taili Bioas	T CM	UCER			1 year		
2000	PART II. Other significant co	nditione contributing to	death but not r	resulting in the	ha underlyli	ng cause given in	Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		Y 248	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Ē .							-			1 YES 2 NO		
	25. WAS CASE REFERRED TO MED				26. 1	PLACE OF DEATH (Ch	eck only one)					
5	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		THER: Nursing Ho	me 5 - Residence	8 Other (Spe	ictfy)				
פו רווים	27. MANNER OF DEATH 1 Natural 5 Pendir 2 Accident investi			28b. TIME OF	W	JURY AT /ORK? YES 2 NO	28d. DESCRIB	E HOW INJURY O	CCUREO			
נ	3 Suicide 6 Could 4 Homicide determ	not be building.	FINJURY — At ho etc. (Specify)	ome, farm, stree	et, factory, off	Ice	281. LOCATION City or Tox	N (Street and Numi vn, State)	ber or Rural	Route Number,		
COMPLE	(Ornection)	DHYSICIAN: To the best of examinER: On the basis of ex								a) and manner as stated.		
ם ס	LAX UNX	ERTIFIER WOU M	N N			DO87	MBER 254	29d. D	3/2	5/91		
	31. DATE FILED (Month, Day, Year)	BOW SHO COMPLETED CAUSE 32. REFEISTRA JUNE 1	P WI) RSSIGNATURE Day daga-	7529	6	BRUWHY	CTR	Drive	610	what MOZOZZ		



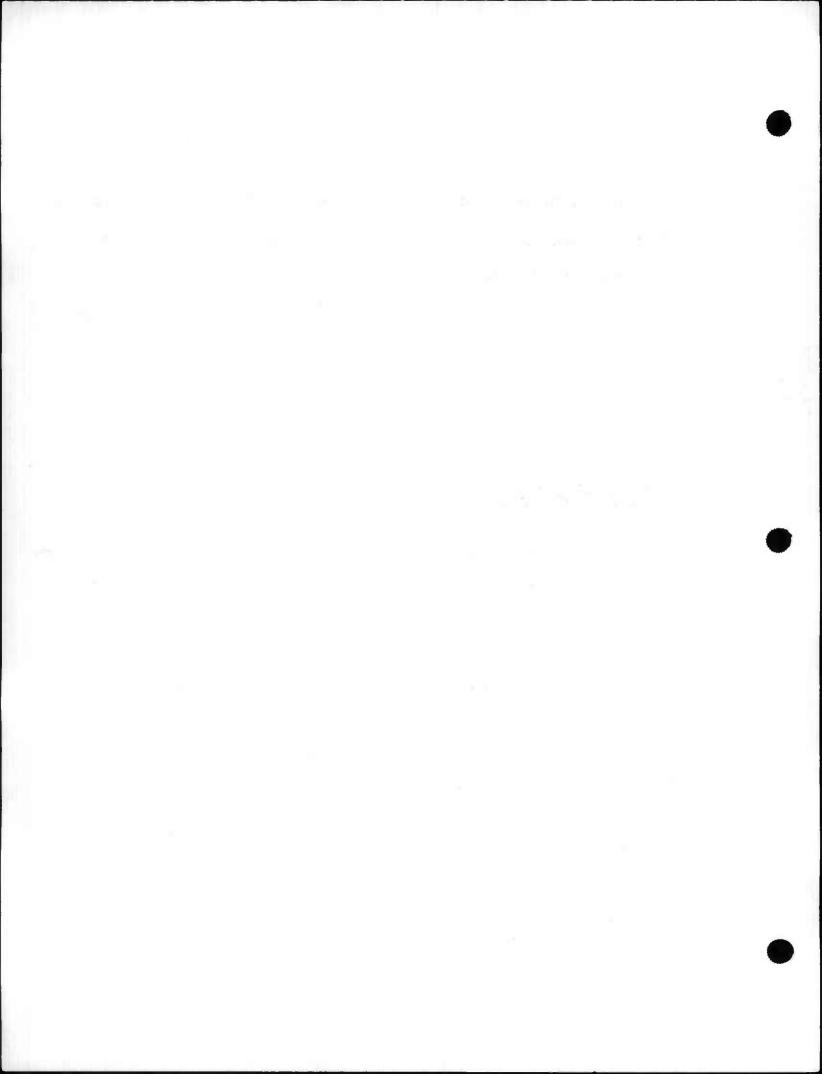
2. DATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

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led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traun	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ľ	JOHN Miche	sel	FI	atte	4			MONTH 3	3	1 9	YEAR	10	Pu	
		AGE (In yr	s. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	DATE OF E	y, Ybar)	- 1.	6. BIRTHPLA	CE (State or F	Foreign	
	184 14 7140 12 F	6	G YRS.				_	lan.	25,]		TY OF DEAT	ylvani	La	
œ	98. FACILITY NAME (If not institution, give street and number) 9308 Cherry HILL Roll	1 *	96. CITY, TOWN OR LOCATION OF DEATH 309 CO 11 CO 11 CO 12 PARE								, _ I			
DIRECTOR	9308 Cherry HILL KOD RESIDENCE OF DECEDENT	icol .	764	00	71	92	1 151	<i>U</i> L		1/2/	VCF	LEURI	H	
RE	10a. STATE 10b. COUNTY			Y, TOWN OR	TOWN OR LOCATION						100	10d. INSIDE CITY LIMITS?		
	MD Prince Geo	Rya		0116	9-	<u>e 1-</u>	BRK	<u>. </u>				YES 2	NO	
RAI	9308 Chem Hill Re	1	ant3	a Ca	101.	2074						COUNTRY?		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—						ted States 14. RACE — American Indian, Black, White, stc.					
	1 Name Married 2 Married FORCES? 1	□ NO	H y	yes, spe	cify Cubar	, Mexican, P Specify:			01.110			,		
ВУ	a 3 Midowed 4 Divorced WW II										Su hite			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	(Give kind of	work done du			g	16b. KIN	D OF BUS	INESS/IND	USTRY			
SE	Elementary/Secondary (0-12) College (1-4 or 5+)		Special Special		nt				FΒ	I				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MOTE	IER'S NAME	(First Midd	la Maiden	Sumama)				
	James Richard Flatley						Mary			111	đ			
) BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (
2	Maureen Kelly Gawler		630 E	Blosso	m D	rive	Rock	ville	e, Ma	rylar	nd 208	350		
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from Stata		ACE OF DISPO								City or Town,			
	4 Donation 6 Other (Specify)	Was	Mingto					-			, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10087	7	Fun	era	ADDRE	me/Ro		ert Ie,	Inc.Pi	mohr (est _		
	Het c. Finer	10007		Mon	tgo	mery	Aven	ue, F	ockv	ille,	, Mary	land2	0850	
	 PART I. Enter the diseases, or complications that c shock, or heart failure. List only one cause 	on each	a daath. Do iine.	not antar t	ha mo	da of dyi	ng, auch a	a cardiac	or reaple	retory arm	eat,	Approxim		
	IMMEDIATE CAUSE (Final disease or condition			77.								Onset an	nd Death	
1	resulting in death)	C /3	rrhy NEEDLIENCE C	144	19							mi	ראלטה	
_	Sequentially list conditions, if any, leading to immediate	2 ()	lands	Cal	.de	01/6	Sculle	-)	1111	410		Vea	45	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CO	NSEQUENCE C	F):	И	OV 4	Jevin			40				
S	CAUSE (Disease or injury											ļ		
H	that initiated events DUE TO (OI resulting in death) LAST	R AS A CO	NSEQUENCE C	NF):										
Ä	d											1		
	PART II. Other significant conditions contributing to de		not reauiting	in the und	artying	cause (ivan in Pa	rt I. 24	e. WAS AN			RE AUTOPSY		
MEDICAL	Diabetes Mellity	5						_ 1	YES 2		CC	MPLETION DE		
MEI								_			11	YES 2	NO NO	
ä														
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER:		0 4	EATN (Check						-	
HYS	1 D YES 2 NO 1 Inpatient 2 E 27. MANNER OF DEATH 28s. DATE OF IN		nt 3 🗆 00A		ng Hom		sidenca 8			NJURY OCC	CURED		-	
	1 Netural 6 Pending (Month, Day,		IN	JURY M		RK?							- 1	
B√	2 Accident Investigation 3 Suicida 6 Could not be	NJURY —	At homa, farm,	street, factor	ry, office	•	2	6f. LOCATIO	ON (Street a	and Number	or Rural Rout	e Number,		
Ä	4 Homicide determined building, etc	: (Specify)						City or i	own, State)					
COMPLETED	29a. CERTIFIER (Check only Check on Check only Check on Ch	/ knowledg	ja, dasth occur	red at the tim	ne, deta	and place	, and due to	the cause(a) and mar	nner aa stat	ed.			
MO	one) 2 MEDICAL EXAMINER: On the basis of exer	nination an	d/or investiget	on, in my op	lnion, d	eath occur	red at the tim	ne, data and	d place, an	d dua to th	e cause(s) a	nd manner as	stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	1 De	nuty.	Medi	W	29chLICI	ENSE NUMBE	ER		29d. DAT	SIGNED (M	onth, Day, Yea	r)	
) BE	Sulla selvore has		Exal	nine		De	155	~2		1	-1-91			
2	30. NAME AND ADDRESS OF PERSONNINO COMPLETED CAUSE	OF DEATH	(ITEM 27) (Typ	e, Print)		1	11	1.	درد		11.	4020	781	
	MAN H. DEVORE	10	4203	yva	ens	bury	K	44	977	וועני	K/	עוי	31	
	31. DATE 11-50 (Month, Day, Your) 32 REGISTRAP!	SIGNATU	Pandell											
- 1			and the second second	F										

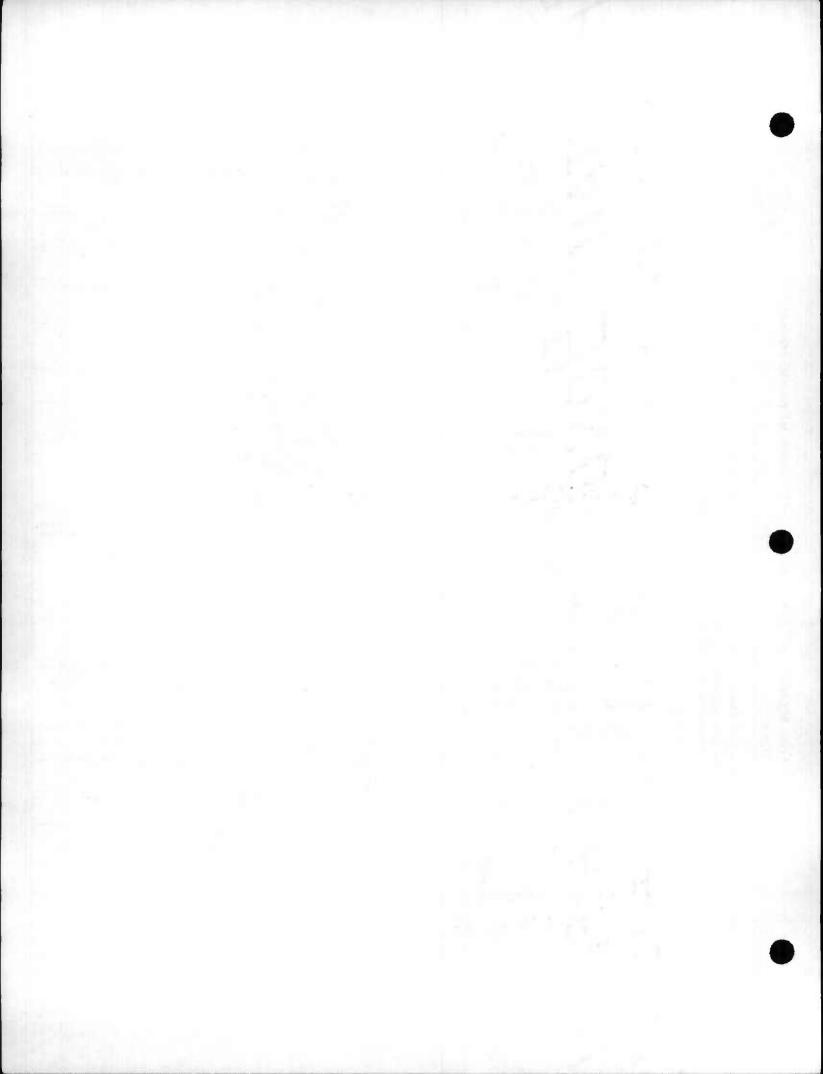


TO BE COMPLETED BY FUNERAL DIRECTOR

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR	-			CERTIFIC	CATE	OF DEA	TH		REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)	Ε.			Fung			MONT	of DEATH DA	1991	YEAR	3. TIME OF DE. 2203	ATH
. SOCIAL SECURITY NUME	BER	5. SEX (8. AGE (In yrs.		IF UNDER 1 YE		ER 24 HRS.	7. DATE	OF BIRTH		6. BIRTI	IPLACE (State or	Foreign
058-40-5876	-A	1 □ M 2XXF	9		NONTHS D/	NYS HOURS	MIN.			1895	200	ina	
s. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	WN OR LOCA	TION OF D				NTY OF E		
Shady Gro		entist Ho	spital		Ro	ckvil.	le			М	ontg	omery	
a. STATE	10b. COUNT	Y	_	10c, CITY.	TOWN OR L	OCATION						10d. INSIDE CIT	rv
Maryland	Monte	gomery			ockvi							LIMITS? 1 X YES 2	
e. STREET AND NUMBER						101. ZIP CO	DE			10g. CIT	ZEN OF	WHAT COUNTRY?	,
08 South H	orners	Lane				2085	0			Ch:	ina		
. MARITAL STATUS Never Married 2 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2		13. WAS	DECENDENT a, specify Cul YES 2	OF HISPA ban, Mexico O Specia	NIC ORIGII an, Puerto ly:	17 (Specify Yea Rican, etc.)	or No-	14. RACI Blac Spec		dlen,
	EDENT'S EDU	CATION	44-	DECEDENTIA II				-				Asian	
(Specify onl	ly highest grade	completed)	168.	(Give kind of wo	ork done durin	PATION ng most of wor	king	166	L KIND OF BUS	BINESS/INI	DUSTRY		
Elementary/Secondary (I	0-12)	College (1-4 or 5+)			_				0	n II.ar			
		U		Homema	iker	100000				n Hor	ne		
FATHER'S NAME (First, N		-							Middle, Maiden	Surname)			
	lgip	Fung						ilab.					
a. INFORMANT'S NAME (19b. MAILING A									
lung		√u		508 S	outh 1	Horner	s La	ne, l	Rockvi	lle,	Mar	yland 2	085
a METHOD OF DISPOSIT	TON 3 Rem	oval from State	20b. PLA	CE OF DISPOSIT	TION (Name	of cometery, cr	ematory or		20c. LO	CATION —	City or To	own, State	
☐ Donation 5 ☐ Other				beck Me	emoria	al Par	k 4	/3/9:	01:	ney,	Mary	yland	
3. PART i. Enter the d	liseases, or	complications that	M00	death. Do no								/Rockvi	mate
equentially list conditions, leading to imme ause. Enter UNDERLY AUSE (Disease or injust initiated events southing in death) LAS	diete ING ury	b. DUE TO (c	OR AS A CON	SEQUENCE OF) SEQUENCE OF)	:								
ART II. Other significa	ant condition	d	faeth but n	of moulting in	the under	dvina caus	ahaa la	Dart I	24s. WAS AN	Allmoney	Lau	WERE AUTOPSY	PILIPIN
Coronar	y Arte	ery Diseas n Syndro	se, Ty						PERFOR	RMED?	244	AMILABLE PRIO COMPLETION DI OF DEATH?	OR TO F CAUSE
5. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:				26. PLACE OF	DEATH (C	heck only o	ne)				
1 TYES 2XXNO		1 Inpatient 2 Ki	ER/Outpatien		OTHER: 4 Nursing	Home 5 🗆	Residence	6 🖂 Oth	er (Specify)				
The second secon	Pending Investigation	28s. DATE OF I (Month, De		28b. TIME INJU	IRY	c. INJURY AT WORK?	□ NO	28d. DE	SCRIBE HOW	NJURY O	CURED		
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF building, e	INJURY — A rtc. (Specify)	t home, farm, st	reet, factory,	, office		28f. LOI City	CATION (Street or Town, State)	and Numbe	or Rural	Route Number,	
and only		ICIAN: To the best of r										(s) and manner as	n stated
b. SIGNATURE AND STU	12						2657					1, 199	
Irving Mi	U	M.D., 5413				, #206	5C, B	Bethe	sda, M	aryl	and	20814	
. DATE FILED (Month, Day,		32, REGISTRAF	4.1										
APR 2 - '	91	Junia Das	4dson-1	andres.									



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Page hiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE O	F OEATH DAY

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) RICHARD	Т	FARF	ELL		2. DATE OF DEATH DAY 03 25	199	3. TIME OF DEATH 11:48 P M	
	4. SOCIAL SECURITY NUMBER 306-32-5333	1 🕅 M 2 🗌 F	58 YRS.	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Morth, Day, Year) April 27,	1932 I	RTHPLACE (State or Foreign untry) ndiana	
OR	99. FACILITY NAME (If not institution, give s THE JOHNS HOPK			9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE BALTIMORE CITY					
DIRECTOR	10e. STATE 10b. COUNT		107	TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
2	Md. P.G.				ity Par	<u>k</u>	10a, CITIZEN O	F WHAT COUNTRY?	
FUNERAL	6905 Oakrid				2078		U.S.	Α.	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 X IF YES, GIVE WAR Korean	YES 2 NO	If yes, a		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.) /:		ACE — American Indian, lack, White, atc. pacify: White	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done during m	ON ost of working	16b. KIND OF BUS	INESS/INDUSTR	Y	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	retired.)			0 1		
MP		5+	Histor	y Profe				aryland	
	17. FATHER'S NAME (First, Middle, Last)	Farrell				ME (First, Middle, Maiden			
BE	Lawrence I	arrett	196 MAILING	LDDRESS /Street		hy Ries			
2	M. Jean Farrell		The second second			versity Pa			
	20e. METHOD OF DISPOSITION		20b. PLACE OF DISPOSE				CATION - City o		
	1 Donation 5 Other (Specify)		Chambers	Crema	tory		verdale		
	21. SIGNATURE OF SUNERAL SERVICE LI	hamfer				d Ave. Rive			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OF	R AS A CONSEQUENCE OF): -				Onset and Death	
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE OF):					
	PART II. Other algolificant condition	na contributing to de	ath but not resulting in	the underlyl	ng cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
: MEDICAL	Progress Mult	Hocal Le	ession.	Mapaty	y	1 X YES 2		COMPLETION OF CAUSE OF BEATH?	
¥	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	neak only one)			
Sic	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	6 Other (Specify)			
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF IN. (Month, Day,		JRY V	LJURY AT PORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF II building, etc	NJURY — Al home, farm, s i. (Specify)	treet, factory, of	ice	28f. LOCATION (Street City or Town, State)	end Number or Ru	iral Route Number,	
COMPLETED	(Check only		knowledge, death occurre					use(e) end manner as stated.	
TO BE	206. SIGNATURE AND TITLE OF CERTIFIE	MD			29c. LICENSE NU	MBER 26	≥ 3/2	NED (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON W MAFK RICE 31. DATE FIT FD (Month, Day, Year)	n MD. J.			660	N. Woffe	e St.	Bult MD	
	MAR 27 '91	gratia Da	vidson-Randall	•					

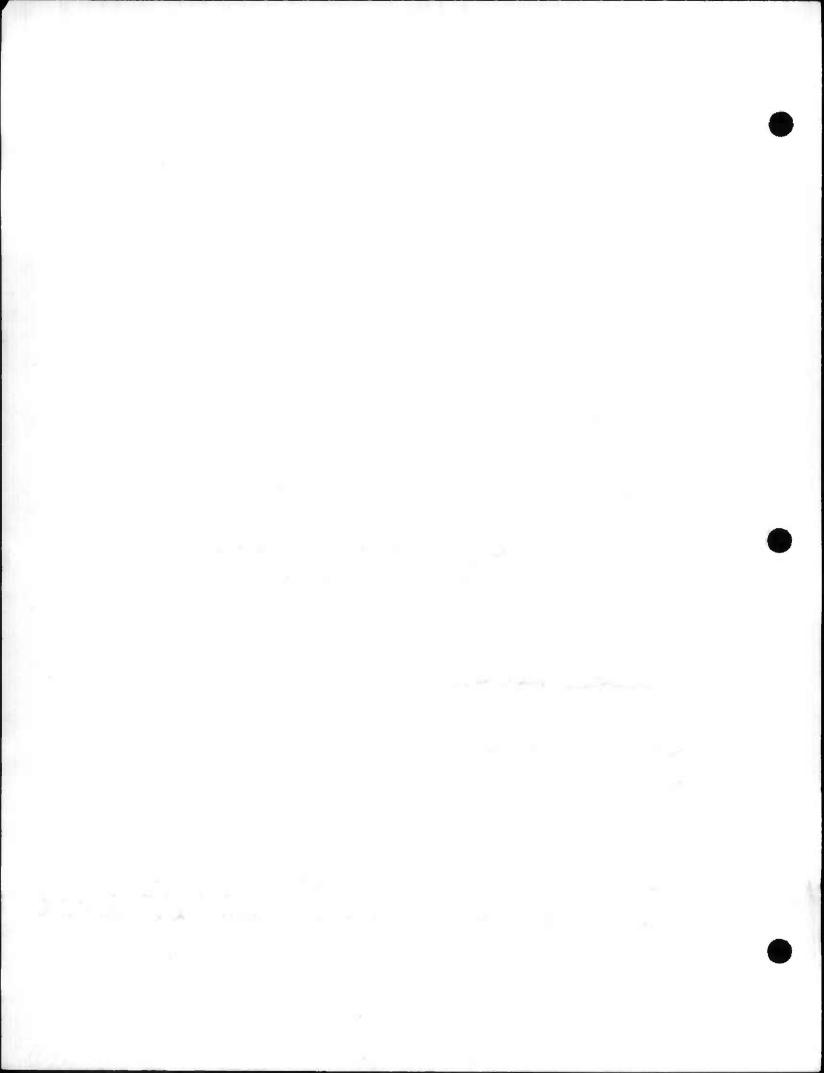
BALTIMORE, MARYLAND 21203-3146	Jours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit permit. or removal. nedical examiner must be notified at once.
	filled tion, o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILEO (Month, Day, Year)
MAR 27 91

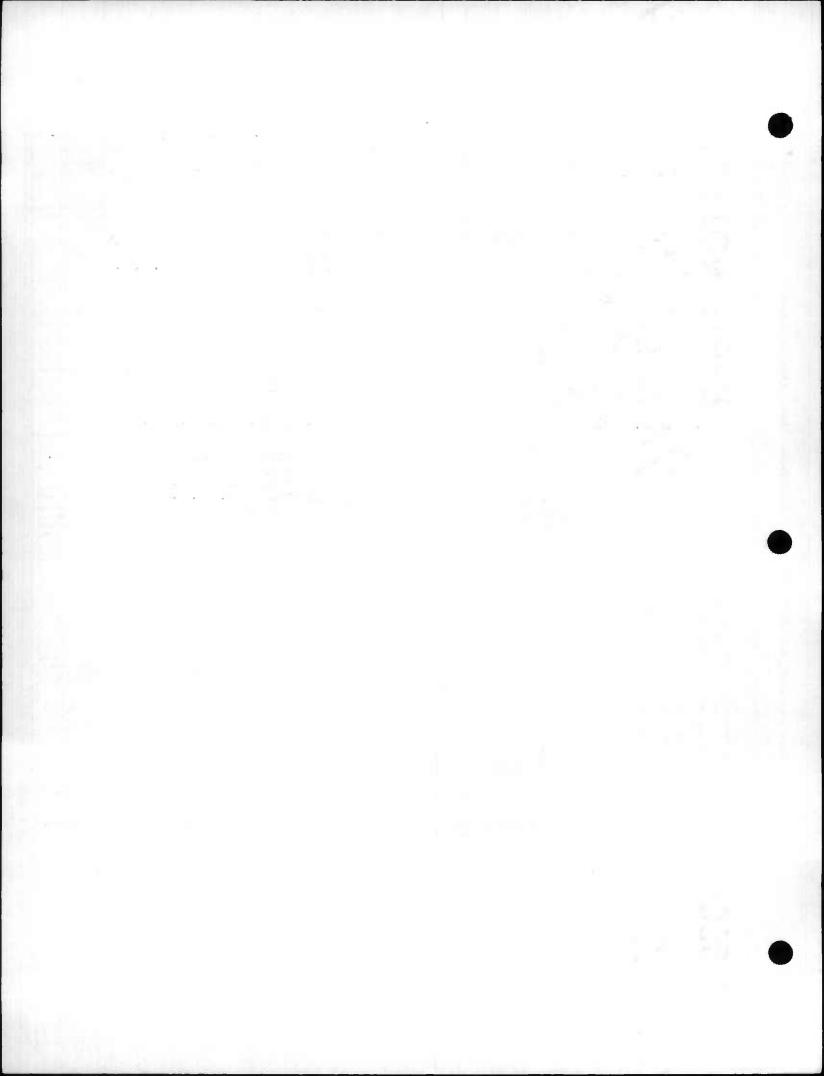
32. REGISTRAR'S SIGNATURE
Julia Davidson-Pandall

1 -	FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPAR CERTIF				MENTAL HYGI REG.			
1.1	DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	VEAD	3. TIME OF DEATH
	Isaac E. Fis	hburne					MONTH O.3		YEAR Q1	01:40 PM
4.	SOCIAL SECURITY NUMBER 5. S	EX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE OF BIRTN		6. BIRTN	PLACE (State or Foreign
2	247-16-3309	M 2 🗆 F 7	3 YRS.	MONTHS E	DAYS NOURS	MIN.	Dec. 1		7 S	o. Carolin
90	. FACILITY NAME (If not institution, give street a			9b. CITY, TO	OWN OR LOCA	TION OF DE			NTY OF D	
5	Montgomery General Hospital Olney Montgo									
100	a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY
FUNEKAL DIRECTOR	Maryland Mo	ntgomery	'	Rock	ville		LIMITS? 1 YES 2 🕅 NO			
¥ 104	e. STREET AND NUMBER				10f. ZIP CO	DE		10g. CIT	IZEN OF W	HAT COUNTRY?
F 1	14306 Gaines Ave	nue				20	853		USA	
5 11.	MARITAL STATUS 12,	WAS DECEDENT EVER	N U.S. ARMED				IC ORIGIN? (Specify		14. RACE	— American Indian, , White, etc.
- 10	Never Merried 2 K Married	FORCES? 1 F YES	DATES		YES 2X N		n, Puerto Ricen, etc.	,		Black
и п	☐ Widowed 4 ☐ Divorced	1943-19	65							- D_Lato,1
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S	USUAL OCC	UPATION ring most of wo	rkina	16b. KIND OF	BUSINESS/IN	DUSTRY	
<u> </u>		llege (1-4 or 5+)	Ille. Do NOT u	se retired.)	ing most of wo	Arry				
COMPLEIED 17.	12th		Lab	Tech	nicia	n	Natio	nal I	nst	. of Healt
Ž 17.	FATNER'S NAME (First, Middle, Lest)				18, M		ME (First, Middle, Ma			
	Isaac E. Fishbu	rne, Sr.				F1	orence	M. Le	Gar	9
_ 191	a. INFORMANT'S NAME (Type/Print)						Route Number, City or			
2 Ë	thel M. Fishbur	ne (wife) 1430	6 Ga.	ines	Ave.	, Rockv	ille,	MD	20850
99	e, METHOD OF DISPOSITION	20	b. PLACE OF DISPO	SITION (Name	of cometery, o	remetory or	200	LOCATION -	City or To	wn, State
	ZBurial 2 ☐ Cremation 3 ☐ Removal Donation 5 ☐ Other (Specify)	from State	rlingto	n Na	t'l C	emet	erv A	rling	rton	772
	. SIGNATURE OF FUNERAL SERVICE LICENS			22. N/	AME AND ADD	RESS OF FA	CILITY		COII	, va
	Jank VI	1/110	new Da	SI	NOWDE	N FU	NERAL H	OME,	P.A	•
	Ser 9/0/C	· Hue	ween	R	OCKVI	LLE,	MD 208	50		
2	3. PART I. Enter the disease, or comp shock, or heart fellure. List									Approximate Interval Between
1	MMEDIATE CAUSE (Fine)	Gas	trointe	stin	al bl	eedi-	n.c.			Onset and Death
d	iseese or condition	(- a	2 trom	te sit	hours	ccu.	Slea	Diasa	_ ′	
1	eeuiting in death)	DUE TO (QATA)S	4-CORREQUENCE	Fof	liver				9	
,		CI	trointe	- L	TIVE	し、	ver .			
	sequentielly list conditions, any, leading to immediate		A CONSEQUENCE O							
K 0	ause. Enter UNDERLYING									
E C	AUSE (Disease or Injury 1 C. —	DUE TO (OR AS	A CONSEQUENCE C	OF):						
E n	eaulting in death) LAST									
<u> 8</u>	0									
P.	ART II. Other aignificent conditions co	entributing to deeth	but not reaulting	in the und	erlying ceus	e given in	Part I. 24s. WA	S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Dialetes	malliter	5					S 2 NO		COMPLETION OF CAUSE
ᆲ									ı	OF DEATH? 1 YES 2 NO
٤							— I			
Z	S. WAS CASE REFERRED TO MEDICAL				28. PLACE O	E OFATH /C+	ent ant and		i_	
5 "	EXAMINER?	OSPITAL:		OTHER:						
PHYSICIAN: MEDI		Inputient 2 ER/Ou		-			6 Other (Specify		0.0110.77	
H 27	7. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		ME OF 2	WORK?		28d. DESCRIBE H	OW INJURY OF	CURED	
À '	Natural 5 Pending Investigation			М	1 TYES	2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, ecify)	atreet, factor	ry, office		28f. LOCATION (S City or Town,	reet and Numberstate)	er or Rural	Route Number,
	4 Homicide determined									
COMPLET	90. CERTIFIER 1 CERTIFYING PHYSICIAN	i: To the best of my kno	wiedge, death occur	red at the fire	ne, date and ni	ace, and du	to the causals) and	f menner as at	ated.	
¥	(Check only one) 2 MEDICAL EXAMINER: O									s) and menner as stated.
8										
₩ 25	96. SIGNATURE AND TITLE OF CENTREES		ha A		29c.	LICENSE NU	MBER	29d. OA	TE SIGNED	(Month, Day, Year)
∘⊩	3770		-	2	7	08	1.10		0	
30	D. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF C								- moy
13		10-		1	57 la	1.50	(A)215D	18 . A. N.		12 A.F. T QUE



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	JOSEPHI		EY	DEATH	REG.	н		IME OF DEATH,		
	4. SOCIAL SECURITY NUMBER	ec	E (In yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes Ma.V 28	28-9/	Country)	10 A		
тов	99, FACILITY NAME (if not institution, give street and number) 99. CITY-TOWN OR LOCATION OF DEATH PRESIDENCE OF DECEMENT PRESIDENCE OF DECEMENT										
DIRECTOR	10a. STATE 10b. COUNT	ce George		ttsvi				1 8	INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	1523 Ray Road			1	of ZIP CODE 20782		10g. CITIZEI	S . A .	COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 27 NO	If you, s	CENDENT OF HISPAN specify Cuban, Mexican S 2 ND Specify	n, Puerto Rican, etc		RACE — A Black, Wh Specify:			
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S Give kind of the Do NOT us Homema	work done during m	TON nost of working		Home	TRY			
BE CO	17. FATHER'S NAME (First, Middle, Last) Lugi Guarino		- Lauren			ME (First, Middle, Me L1e					
10	John P. Foley				and Number or Rural F Oad, Hya						
	20e. METHOD OF DISPOSITION 1	loval from State	date of	Heave	n Cemetr	ry S	ilver	Spri	ng, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME 25	KOMA FUN 4 Carrol	NERAL H	OME, II	NC, ashi	ngton I		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.) 63	sed the death. Do it seach line.	KET				t,	Approximate interval Betwee Onset and Dec		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other significant condition	ns contributing to death				PE	S AN AUTOPSY RFORMED? ES 2 NO	COA OF	RE AUTOPSY FINDIN- ILABLE PRIOR TO IPLETION OF CAUSE DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utnetlert 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch		4				
Y PHY	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	IE OF 28c. II	NJURY AT WORK? YES 2 ND		OW INJURY OCCU	RED			
TED B	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factory, of	Ros	26f. LOCATION (S City or Town,	treet and Number or State)	Rurel Route	Number,		
OMPLE	one)	NCIAN: To the best of my kn							f manner ee stated		
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	hun	m0		29c. LICENSE NUI	WBER	29d. DATE S	SIGNED (Mor	nth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	5 4 1 C	PP-QQ	12 · A	128	000.		

32 REGISTRAR'S SIGNATURE
Julia Davidson Randall



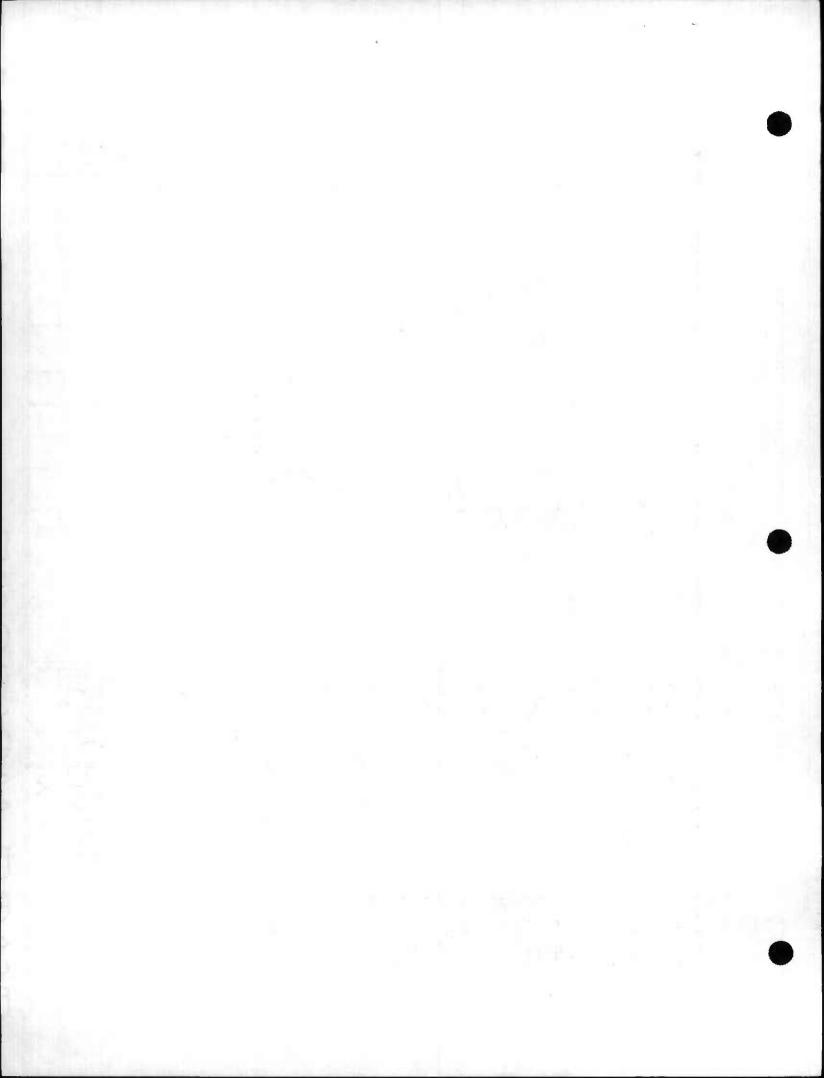
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thificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho		79
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certificate has bee	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3

TO BE COMPLETED BY FUNERAL DIRECTOR

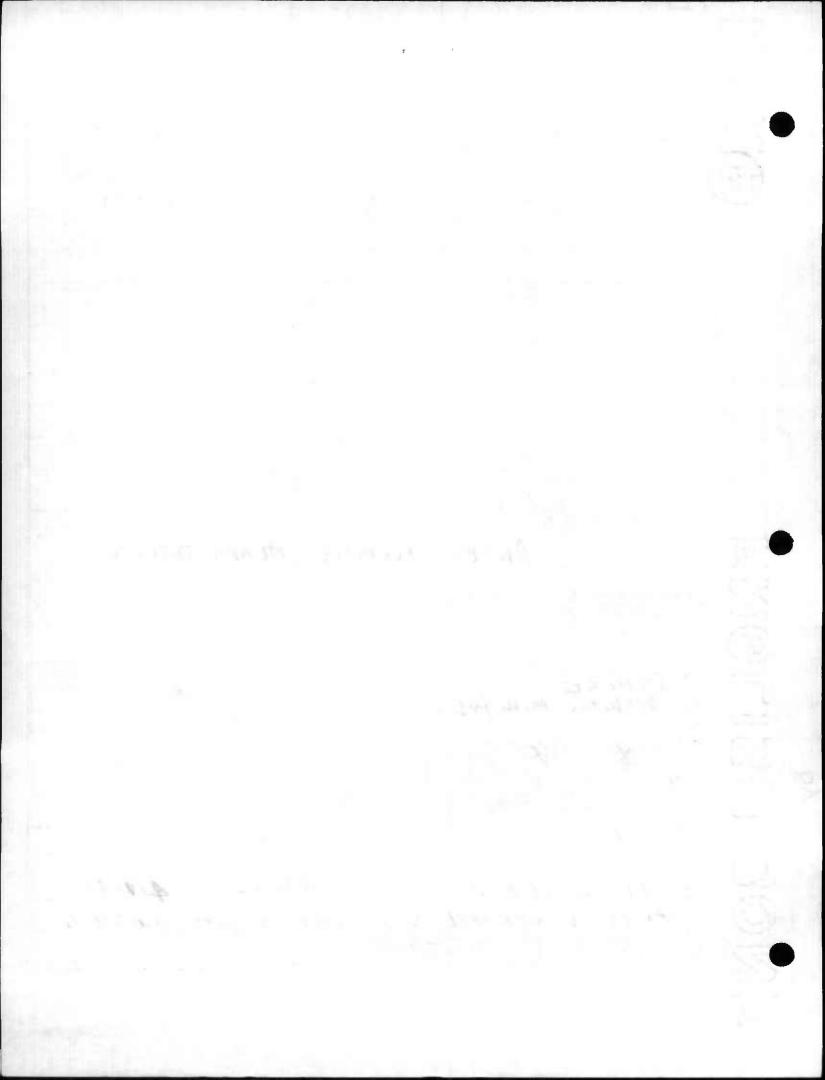
FOR							9	0.) /
1 - STATE REGISTRAR	STATE OF MARY			OF DEATH		IYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			YEAR 3. TH	ME OF OEATH
WALT	ER JUNIO	3	GORDO	N	March				11:07 A M
	SEX 6. AG	E (in yrs. lest birthde) YRS.	MONTHS F	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. OATE OF I (Month, De 01-1	ынтн Г—192	5	BIRTHPLACE Country	E (State or Foreign
9a. FACILITY NAME (If not institution, give street Memorial Hospital	and number)			own or Location of operland	EATH			of OEATH	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Lave	TY, TOWN OR						
MD Allegany	,	200	nberlar	nd,					INSIDE CITY LIMITS? YES 2 NO
Old Towne Manor A	ots.			101. ZIP CODE 21502			USA	N OF WHAT C	OUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDEND EVER FORCES? YE YE IF YES, GIVE WAR OR WW	DATES	lf y	S DECENDENT OF HISPA es, specify Cuben, Maxic YES A NO Specif	en, Puerto Rica		or No 14	RACE — An Black, White Specify: Whit	
15. DECEDENT'S EDUCATI (Specify only highest grade con	ON spleted) college (1-4 or 5+)	(Give kind of the Do NOT		JPATION Ing most of working			INESS/INDUS		
12		trair	man	40 4407447919 14			Rail	road	
17. EATHER'S NAME (First, Middle, Lest) Phillip S. Gordon	_			_	L. Lar	cast	er		
194. INFORMANT'S NAME (Type/Print) Mrs. Marion T. Go:	rdon	old I	owne M	anor Apts.	Cumbe:	rland	State, Zip C	21502	
Age. METHOD OF DISPOSITION TO Burlel 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	from State	20b. PLACE AND DA	TE OF DISPOS	rans Cemet	ery_1			ty or Town, St 10, MD	
21. SIGNATURE OF FUNERAL SERVICE LICENS	Carpor	14	²² NA SC Cu	arpelli fu mberland,	neral 1 MD 215	Home 02			
23. PART I Enter the diseases, or con ahock, or heart failure. List iMMEDIATE CAUSE (Finel disease or condition resulting in daath)	pilications that cause on cause on Due to (OR A)			a mode of dying, such			ratory arrea		Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE							
PART II. Other algorificant conditions of the College of the Colle	- Chino	Hent Hent	g in the under	orlying cause given in		PERFOR	MED?	COMF OF DI	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\text{\backstack} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTUED.	26. PLACE OF DEATH (C	heck only one)				
1 YES 2 (XNO 1	Inpatient 2 - ER/O			g Home 5 🗆 Residence	_				
27. MANNER OF DÉATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea		TIME OF 26 INJURY M	BC. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCR	IBE HOW IF	JURY OCCU	RED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farr pecify)	m, street, factor	, office		ON (Street a fown, State)	nd Number or	r Rural Route I	lumber,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:	_			s, data and place, and du nion, death occured at th					manner as stated.
29b. 1100 ATURE AND TITLE OF CERTIFIER	0. 1	Janes.	^	29c. LICENSE NU D 14			29d, DATE :	SIGNED (Mont	h, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	/					MD 3	21502		
31. DATE FILED (Month, Day, Year) APR 01 1991	32. REGISTRAR'S SI	GNATURE		O 13 CRIEDEL					
1001	1/1								



TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)	Guthi	16.			2. DATE OF DEATH MONTH 31	Y Ch YE	ar 3. TIME OF DEATH		
	DCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Coun MONTHS DAYS HOURS MIN. COUN						OIRTHPLACE (State or Foreign Journal)		
9a. FACILITY NAME (If not institution, give street 10 CF or D MP MM	et and number)	it at	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY			
REGIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1007	10c. CITY, 1	TOWN OR LOCAT	ION	UK)	· · ·	10d. INSIDE CITY		
Maryland Harfo	ord	Abe	rdeen	ZIP CODE		10g. CITIZEN	1 YES 2 □ NO OF WHAT COUNTRY?		
145 Osborne Road				210		U.S			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mos	N st of working	16b. KIND OF BUS	BINESS/INDUST	HY		
9	College (1-4 or 5+)	Cook		4.00	Board o		ation		
17. FATHER'S NAME (First, Middle, Lest) Clifford Wooten					ME (First, Middle, Melden Ferguson	Surname)			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tow	n, Stata, Zip Coo	(e)		
Donnie R. Guthr		Rt.#2	Box 66		GA 31510				
20a, METHOD OF DISPOSITION 1 △ Burlel 2 □ Cremation 3 △ Remove 4 □ Donation 6 □ Other (Specify)	20e, METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 © Removal from Stata 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Semestary, crematory or other place) LIDERTY BAPTIST CEMETERY 4/4 Appomattox. VA								
21. SIGNATURE OF FUNERAL SERVICE LICENTAL	Unalest	æl	Tar: Abe:	rdeen. M	go Funeral arvland 2	1001 - 3	399		
23. PART i. Enter the diseases, or conshock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	at only diff cause on e	ech line.			TART		interval Between Onset and Death		
Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitiated events resulting in death) LAST		CONSEQUENCE OF):							
PART II Other significent conditions TRUKE DUGLETA	contributing to death b	ut not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	1.5						10 123 10 110		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 6 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	RY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED		
Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, offic	•	281. LOCATION (Street City or Town, State)		Rural Route Number,		
one)	AN: To the best of my know On the basis of examination						suse(s) and manner as stated.		
Danture and title of certifier	hitmo-			DO76	MBER 44	29d. DATE SI	QNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P		mrec	le Grace	, Me	421010		
APR 02 '91	32. REGISTRAR'S SIGN	ature Pandell							

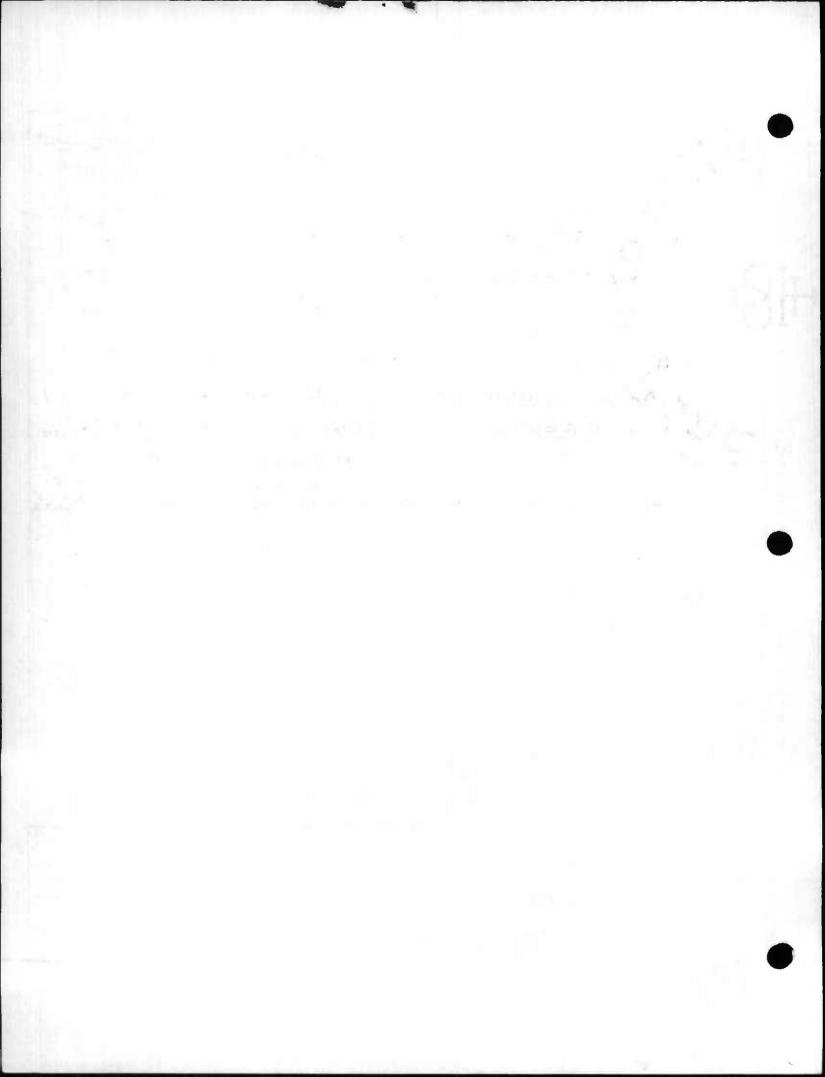


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	0.0475.0	E DEATH

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYG		05715
1. DECEDENT'S NAME (First, Middle, Last		1.5.5.1		2. DATE OF DEAT	DAY Y	3. TIME OF DEATH
Jane Anti 4. SOCIAL SECURITY NUMBER 220-03-0442			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye 05-04	ar)	BIRTHPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, give Carroll County RESIDENCE OF DECEDENT		9b.	CITY, TOWN OR LOCATION OF C	PEATH	9c COUNTY	
4	Carroll		own or Location achester			10d. INSIDE CITY LIMITS? YXXYES 2 NO
100. STREET AND NUMBER Longview Nursi	ng Home		21102			ed States
11. MARITAL STATUS The state of the state o	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D WWII	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 X NO Speci	an, Puerto Rican, et	fy Yee or No- 14	Back — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working fred.)	The res	ift Sho	
17. FATHER'S NAME (First, Middle, Last)		Owner		AME (First, Middle, M		ор
William H. Gri	ffin, Jr.			ie Koo		
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rura			
Alice E. Gare 20e. METHOD OF DISPOSITION 1 Spuriel 2 Cremetton 3 Re 4 Donatton 5 Other (Specify)	moval from State	b. PLACE AND DATE OF	ther place)	DATE 20	c. LOCATION — City	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE I			nch Cemeter 22. NAME AND ADDRESS OF F Myers Fune 91 Willis	ral Hom	ie	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. CERERA DUE TO (OR AS		EPIOSCLEPE		oges	Onset and Death
	contributing to death	DEMENTIA	he underlying ceuse given i	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
E.COLI 25. WAS CASE REFERRED TO MEDICAL	CRINFORM	TRACT IN	FIG. CTION	Check only one)		
EXAMINER?	HOSPITAL:		THER: Nursing Home 5 Residence		y)	
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE	HOW INJURY OCCUI	RED
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJUR	Y — At home, farm, stree		281. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,
one)			t the time, data and place, and do n my opinion, death occured at ti			
29b. SIGNATURE AND TITLE OF CERTIF	the me	J Q ms	29c. LICENSE N	UMBER	29d. DATE S	MIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	100-1-	0	WESTM, N	STEA V	20 21	157
31. DATE FILED (Month, Day, Year)	Sulia Davi	NATURE Pandelle				

Why for the wife of 304

	FOR STATE REGISTRAR		/ DEPARTMENT OF H		ENTAL HYGIENE REG. NO.	91	U	19114
	1. DECEDENT'S NAME (First, Middle, Last) TREVOR	GREGOR		LEGORY	2. DATE OF DEATH DAY			IME OF DEATH
	4. SOCIAL BECURITY NUMBER	5. SEX 6. AGE (In yrs. 1 M 2 F	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-24-9	0	ountry) 1AR)	E (State or Foreign
CTOR	90. FACILITY NAME (If not institution, give str UNIVERSITY PRESIDENCE OF DECEDENT			IMORE	гн	BAL		
DIREC	40. 00000	CE GEORGE	S CAMPS		-5			INSIDE CITY LIMITO? YES 2 NO
ERAL	100. STREET AND NUMBER 6336 MAX	NELL DR		1. ZIP CODE 2074	8	10g. CITIZEN	OF WHAT	COUNTRY?
BY FUNE	11. MARPIAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	PNO If yes, as	CENDENT OF MISPANIC Decity Cuben, Mexican, 3 2 NO Specify:	ORIGIN? (Specify Yee Puerto Rican, atc.)		Black, Wh	imerican Indian, lite, etc. 3LACIS
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade (Specify only highest grade (Particular Specific October 1997) Elementary/Secondery (0-12) N	College (1.4 or 5.4)	DECEDENT'S USUAL OCCUPATI (Give kind of work done during me life. Do NOT use retired.)	ON ost of working	16b. KINO OF BUS			-H T
	17. FATHER'S NAME (First, Middle, Last)	GREGORY	/		E (First, Middle, Melden :		GF	LEGORY
TO BE	19e. INFORMANT'S NAME (Type/Print)	EGORY	19b. MAILING ADDRESS (Street 6336 MA)	and Number or Rural Ro	DR. GAM	State, Zip Cod	RIM	65, MD
	20e. METHOD OF DISPOSITION 1	wal from State Othe	ACE OF DISPOSITION (Name of ce or place)	metery, cremetory or	20c. LO	ATION — City	or Town, S	
	21. SIGNATURE OF FUNERAL SERVICE LIC Nanea C HILL CIRES T	. Shopays	M. Hou	ND ADDRESS OF FACE	ひしょしら	MARKE	47U	ARY
	23. PART I. Enter the diseases, or cahock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cause on each	e deeth. Do not enter the miline. - PULMONA	ode of dying, such	as cerdiec or reapi	ratory arreat,		Approximate interval Betwee Onset and Deat
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEOUENCE OF):	IA				36 Low
MEDICAL CE	PART II. Other eignificent condition	s contributing to deeth but n	oot resulting in the underlying	ng ceuse given in F	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	AMA COI OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
HYSICIAN: I	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outpatier	OTHER:	PLACE OF DEATH (Che				
Δ.	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN W	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
red BY	2 Accident investigation 3 Suicide 6 Could not be determined	28a, PLACE OF INJURY — A building, etc. (Specify)	Al home, farm, street, factory, offi	ice	28f. LOCATION (Street a City or Town, State)	and Number or I	Rural Floute	Number,
COMPLE	(Check only	CIAN: To the best of my knowledge:					ause(e) an	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	ipja mo(Sui	NIL GUPTA-MS)	D 331			GNED (Mo	onth, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WH DIVISION OF NE	ONATOLOGY, U		AND HOSPI	TAL, BAL	TIMOR	Z. , r	10 21201
	31. DATE FILED (Month, Day, Year) MAR 28 'Q1	32. BEGISTHAR'S SIGNATUR	Randell					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 styles within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

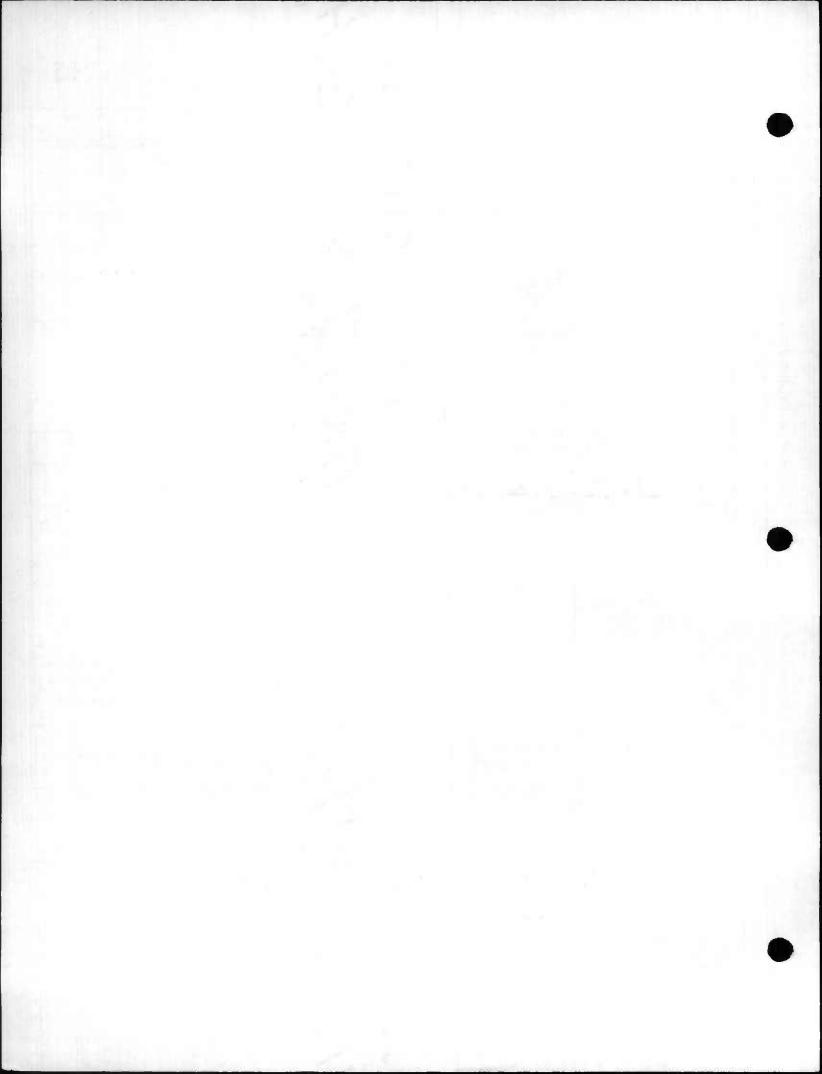
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	KIIFI	CALE	: OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Mid Mary	Maude			Gu	ımme	1	2. DATE O MONTH Marc	h 28,	199	YEAR	3. TIME OF DEATH 9:00 PM
4. SOCIAL SECURITY NUMBER 213-56-0515	6. SEX 1 □ M 2√X F	6. AGE (In yrs. lest i		IF UNDER	1 YEAR DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month, Marc	Day, Year)	1887	Count	PLACE (State or Foreign ry) ginia
9e. FACILITY NAME (If not institute Holy Cross H	Hospital					Spring	EATH			HTY OF E	
	COUNTY Montgomery			, TOWN O							10d. INSIDE CITY LIMITS? XX YES 2 NO
10e. STREET AND NUMBER 4318 Leland S				. 2		20815			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merr 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES ZONO	IED O	1	f yee, sp	ENDENT OF HISPA ecity Cuben, Mexico	an, Puerto Ri		or No	14. RAC	S.A. E — American Indian, k, White, etc. White
(Specify only high Elementary/Secondary (0-12)	NT'S EDUCATION hest grade completed) College (1-4 or 5+)	(Ghr	e kind of w Do NOT us	e retired.)	turing mo	ON et of working	16b. I	OND OF BU			W. 1200
12 17. FATHER'S NAME (First, Middle	, Last)	H	lomen	naker	:	18. MOTHER'S N	AME (First, Mi		Own Surname)	nome	
David			yer			Calli					gsworth
19a. INFORMANT'S NAME (Type) Mildred G. Bo						treet, C					815
20s. METHOD OF DISPOSITION XXXX Durial 2 Cremation 4 Donation 5 Other (Spe	Cremation 3 Genoval from State other place)					and the same					
21. SIGNATURE OF FUNERAL SE	RIVICE LICENSEE	QMO	0522	22,	obe eth	rt A. Pu esda-Che	mphre vy Ch	y Fun ase,	eral Inc.	Hom. 75	e 57 Wiscons 814-3501
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	rdiac ar (OR AS A CONSEQ OCARDIAL (OR AS A CONSEQ (OR AS A CONSEQ	UENCE OF	F): Farct	ion	acute					immed
PART II. Other significant	dconditions contributing to	death but not re	esuiting i	in the ur	nderlyin	g cause given ir	n Part I.	24a. WAS AN PERFOI 1 YES X	RMED?	24	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:			OTHE	_	LACE OF DEATH (C	heck only one)			
1 YES 2XXNO 27. MANNER OF DEATH 1XXNatural 5 Pen	1 ☐ Inpatient 2 XI 28a. DATE OF (Month, Date of the stigation	INJURY	28b. TIM		28c. IN.	ne 5 Reeldence JURY AT DRK? YES 2 NO	7	(Specify)	INJURY O	CURED	
3 Suicide 6 Cou	28e. PLACE OF	F INJURY — At hor etc. (Specify)	ne, ferm,	street, fact	tory, offic	20		TION (Street r Town, State		or or Rural	Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL	ING PHYSICIAN: To the best of EXAMINER: On the basis of ex	my knowledge, dec	ath occurr	ed at the t	time, dat	and place, and du	e to the cause time, dete	e(e) end ma	nner as at	nted. The cause	(e) and manner as stated
30. NAME AND ADDRESS OF PE	HIV)	SE OF DEATH (ITEM	100%), Print)		DO 11			1000		h 29, 1991
	ozh, M.D., 23	R'S SIGNATURE		ld Ro	oad,	Wheaton	n, Mar	yland	20	902	
31. DATE FILED (Month, Day, You	Julia Da	4dson-Ran	della								



DHMH-18 Rev 1/89

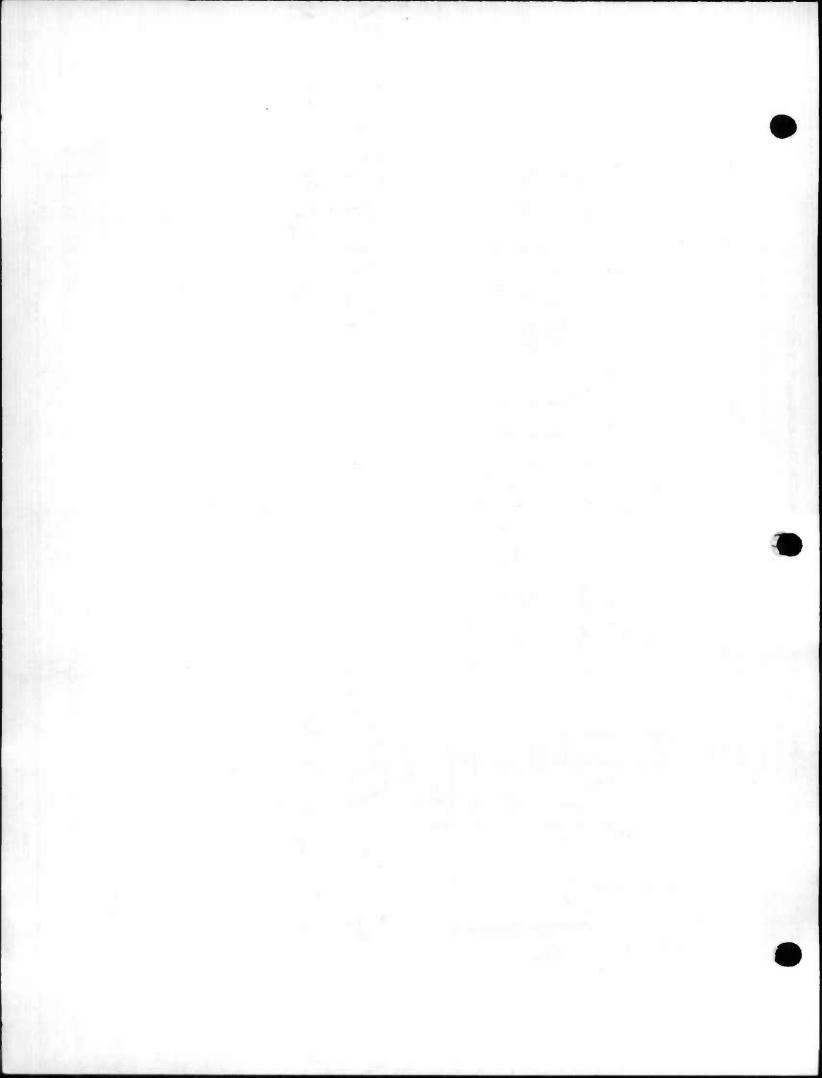
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CE	RTIFICATE	OF DEAT	ГН		REG. NO.

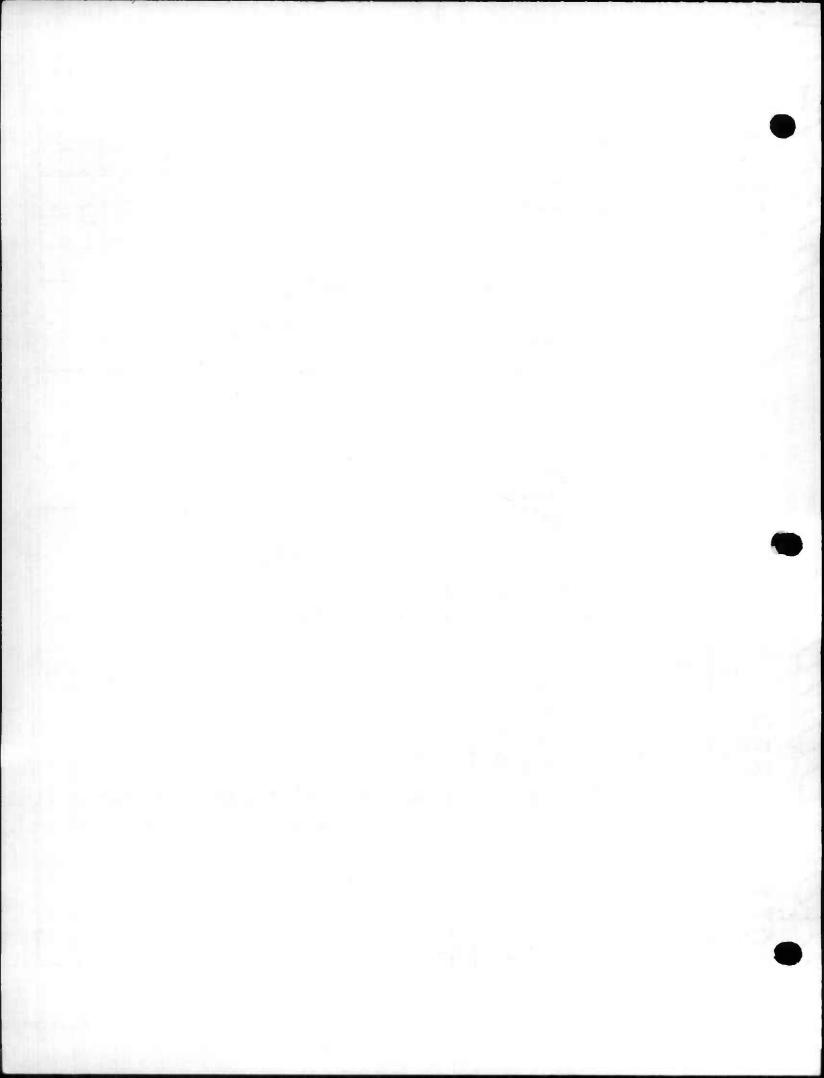
FOR 1 - STATE REGISTRAR	STATE OF MARY		CATE OF		MENTAL HYGIE				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
Helen S. Gran	ville				March 12		91 12:50 PM M		
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
104 52 3557	1 □ M 2 🙀 F	82 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 18 1	909 N	lew York		
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH		
Prince Georges (General Hospi	ital	Cheve	rly		Prin	ice Georges		
Monary Lond Doctor			TOWN OR LOCA	ATION	-		10d. INSIDE CITY LIMITS?		
Maryland Prin	ce Georges	La	nham	Of, ZIP CODE		10a CITIZI	1 ☐ YES 2 ☑ NO EN OF WHAT COUNTRY?		
6848 Riverdale	Road			20706			ed States		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, s		NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.) fy: NO				
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPAT ork done during in	ION	16b. KIND OF B	USINESS/INDU			
Elementary/Secondary (0-12)	College (1-4 or 8+)	Ille. Do NOT use	e retired.)	lest or working					
12		Homema	aker			Home			
17. FATHER'S NAME (First, Middle, Last) John A. Swanber	ra				AME (First, Middle, Maide				
19a. INFORMANT'S NAME (Type/Print)	L B	Barrier and a second			e O. Gehrk				
Robert W. Granv:	ille				Route Number, City or To Wie Maryla				
20a. METHOD OF DISPOSITION 1 Burial 2 1 Cremation 3 Ref	noval from State	b. PLACE OF DISPOS other place)			20c. L	OCATION — CI	ity or Town, Stata		
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		Metropoli		Matory AND ADDRESS OF F		lexand	lria Virginia		
Robert	E. Eva	Ms. on	Bea	11-Evans	Funeral H		.A. arvland 20715		
23. PART I. Enter the diseases, or	complications that cause	d the death. Do n	ot antar tha m	oda of dying, su	ch as cardiac or res	piretory arre	et, Approximate		
shock, or hasrt failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	esch liné.	io				Interval Between Onset and Daeth		
0.000	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequantially list conditions, if any, lasding to immediata	bDUE TO (OR AS	A CONSEQUENCE OF);						
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):	<u> </u>					
resulting in death) LAST	d.								
PART II Other significant condition	ne enatellisting to death	had and accordance to					T		
PART II. Other significant condition	ns contributing to death	out not reauting it	n tha undanyi	ng cause given ir	PERFO	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?		
					- 1		1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (C	hack naturanal	-			
EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:		8 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. II	IJURY AT	28d. DESCRIBE HOW	INJURY OCCL	JRED		
1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO					
3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, s ecify)	treet, factory, off	lea	281. LOCATION (Stree City or Yown, State	t and Number o	or Rural Route Number,		
enel	SICIAN: To the best of my kno						d, ceuse(e) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			SIGNED (Month, Day, Year)		
John	July	00		Do	2193	13	13191		
NELSON G	HO COMPLETED CAUSE OF D	27) (Type,		PIOR (A	BOWLE	MO	2.715		
31. DATE FILED (Month, Day, Year) MAR 1 8 °Q 1	32. REGISTRAR'S SIG	NATURE	_ 3, _ 7		204.6	,,,,,			
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	TO THE MOSPIPAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within uns after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
	2. DATE O	F DEATH

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGI				
1. DECEDENT'S NAME (First, Middle, La William B.	Gilpin Jr.				2. DATE OF DEATH MONTH March		YEAR	3. TIME OF	
4. SOCIAL SECURITY NUMBER 579 18 0781	7		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year June 22	1	8. BIRTHP Country)	LACE (Stat	on D.C
9e. FACILITY NAME (If not institution, gr		9	Bowie	R LOCATION OF DE	ATH	9c. COUN	ITY OF DE	ATH	
Bowie Health Content of the state of the sta			TOWH OR LOCAT	ON		p 1 2 110		10d. INSIO	E CITY 8?
100. STREET AND NUMBER 12508 Keynote I			10f.	ZIP CODE 20715			zen of wi		
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 16. RACE 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)							- America White, atc	n Indian.
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) 11.1.1.1.1.1.1	DUCATION	16a. DECEDENT'S US	k done during mos etired.)			Business/ind			
WIIIIam B. GII				Rosea	ME (First, Middle, Mei nna Curt:	den Surname) is			
Nettie Gilpin		William College			owie Mary		2071	5	
20a. METHOD OF DISPOSITION 1 \(\mathbb{X}\) Burlel 2 \(\mathbb{C}\) Cremetion 3 \(\mathbb{C}\) f 4 \(\mathbb{D}\) Donation 8 \(\mathbb{D}\) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ROUTH (Specify)	A: LICENSEE	o. PLACE OF DISPOSITION OTHER PIECE)	Nationa.	L Cemete	ry /	Arlingt Home, F	on V		nia
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CON DUE TO (OR AS A	tncular a consequence of: on a ry a consequence of: a tracla a consequence of:						Ons	et and Deat
PART II. Other algorificant condi	tiona contributing to death to mellitus fibrillati	angi		cause given in	PER	S AN AUTOPSY FORMED? S 2 NO		MAILABLE	ON DF CAUSE
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 — YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HO	OCCUPIENT OCC	CURED		37.77
3 Suicide 8 Could not 4 Homicide determine	building, atc. (Spe	f — At home, farm, stre city)	eet, factory, office	i.	28f. LOCATION (Str. City or Town, S		or Rural Ro	oute Numbe	NC .
0001	HYSICIAN: To the best of my know							and menn	er as stated.
Dand G	. Bretcher	, 14,0.	Attending Dr.	Md. D	16063	29d. DATI	- 6	(Month, De)	(, Year)
David A. P.	Boetcher, MI	1, 14300	Galla	ut Fox	Ln., #1	18, Bos	wie	, me	1. ZOT
MAR 18 91	32. REGISTRAR'S SIGN								

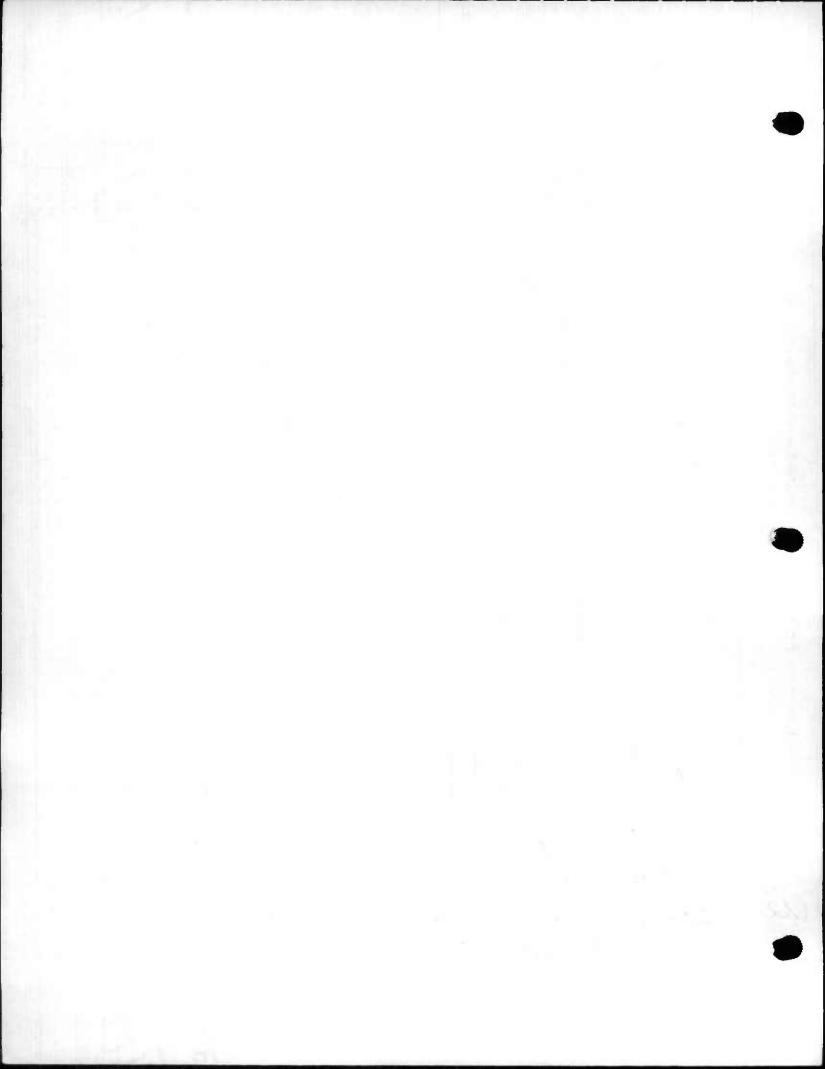


	(should)
BALTIMORE, MARYLAND 21203-3146	re wurs after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hour after death. Page 6 may be retained by the hospital or attending physician.	THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTO

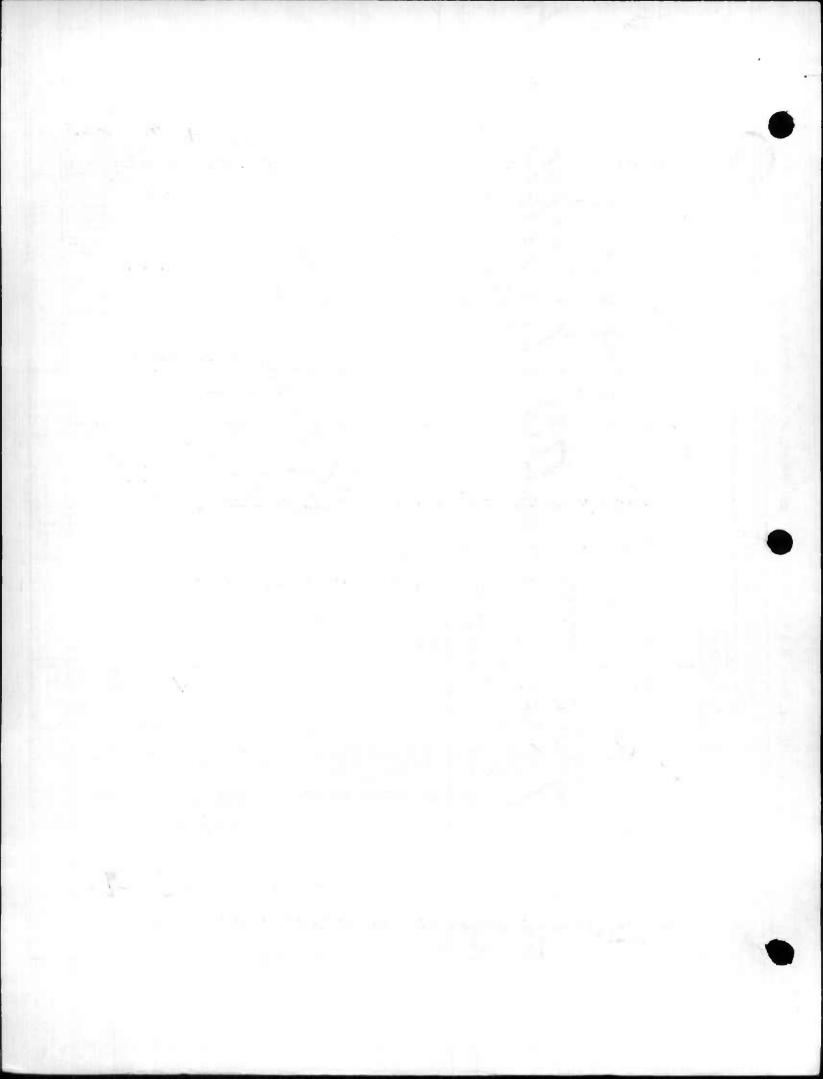
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	1.	OLITIN I	DATE OF	DEATH	MONTH	OF DEATN	YE.	3. TIME OF DEATH 1:02P. M
Bruna Gian		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		DIRTHPLACE (State or Foreign
579-03-4038	1 🗆 M 2 👿 F		ONTHS DAYS	HOURE MIH.	(Month	16,1899	T	Country)
9e. FACILITY NAME (If not institution, give a		7 -					c. COUNTY	taly
				R LOCATION OF DI	EAIN			
Magnolia Gardens	Nursing Home		Lanha	m		Pi	rince	Georges
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		ington,					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ZIP CODE		10	Do. CITIZEN	OF WHAT COUNTRY?
4624 Reed Terr.				200	110		11	C 4
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III O ADMICO	40 400 000			0.0010		S.A.
1 Never Married 2 Married	FORCES? 1 YES	2 NO		ENDENT OF NISPAI ecify Cuben, Maxico			NO- 14.	RACE American Indian, Black, White, etc.
3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR DA	ATES X	1 TYES	2 NO Specif	ly:		100	Specify: white
11	1							
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of wo	SUAL OCCUPATION ork done during mo retired.)	ON st of working	16b.	KIND OF BUSINE	ESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)					
3		Housek	eeper		Ma	ayflower	r Hote	el el
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, A	Aiddle, Maiden Sun	name)	
Francisco Lazz	ori			D	1.	(Unkno	1	
19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS /Strant	nd Number or Rural				(a)
Dante Giancoli				rrace Wa	shing			
20e. METHOD OF DISPOSITION 1 Set Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval trom State	other place) Lincol			1/91		twood	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	plovske		22. NAME A	ND ADDRESS OF FA	CILITY			
	47 0	1						uitland Rd.
Thisa t	+ leba	ch	Rober	t E. Wil	helm,	Inc. St	iitlai	nd, MD. 20746
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	· Lelina			vy De	1 tre	1		Onset and Death
It arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST	Sepses	CONSEQUENCE OF						
PART II, Other significant condition	na contributing to deeth b	ut not resulting in	the underlyin	g cause given in	Part f.	24e. WAS AN AU PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				ACE OF 05	hook	70		
EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C	neck only or	10)		
1 TYES 2 NO	1 Inpetient 2 I ER/Out	petient 3 DOA	4 Nursing Nor	ne 5 🗆 Residence	5 🗆 Othe	r (Specify)		
27. MANNER OF GEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT	28d. DES	SCRIBE HOW INJU	URY OCCUR	ED
1 Netural 5 Pending Investigation	(110.11.1, 50), 1001)	11130		YES 2 NO				
a Destate	28e. PLACE OF INJURY	— At home, ferm. at	reet, factory, offic	:a	281. LOC	ATION (Street and	Number or I	Rural Route Number,
4 Homicide S Could not be detarmined	building, etc. (Spe	cffy)			City	or Town, State)		G-2 8- 37.
Contact ormy	SICIAN: To the best of my know							ause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	in .			29c. LICENSE NU	IMBER	1 2	9d, DATE S	GNED (Month, Day, Year)
Hairs K	Mulen	and		1000	77	6	5/	1891
0-0-17-6		VVW		001	11	7	-/	14
30, MAME AND ADDRESS OF PERSON WITH	CLYCY HD.	EATH (ITEM 27) (Type,	Land	OVEY	Car	d.Ch.	ever	14,402018
31. DATE FILED (Morith, Day, Year) MAR 1 Q 'Q1	32 REGISTRAR'S SIGN	HATURE Pandell				, -		17



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
OECEOENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH 3.

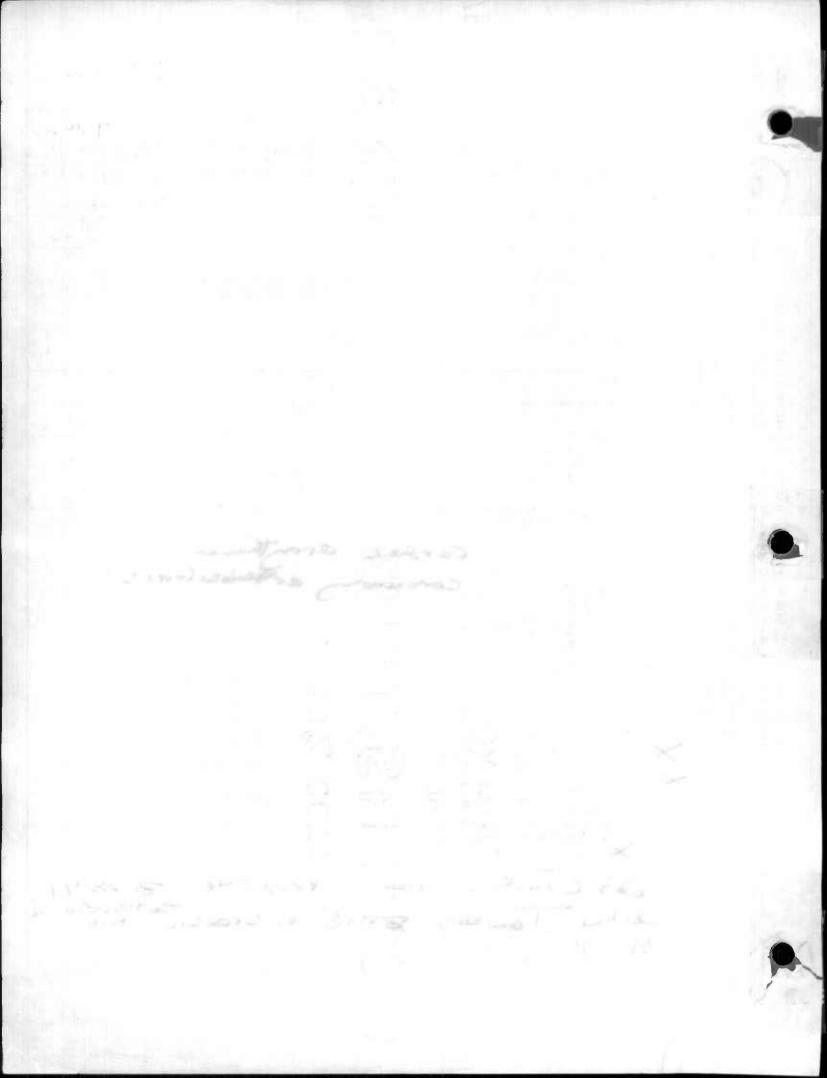
1. OECEOENT'S NAME (First,	At 4 4			EKIIF	ICATE (טר ט	EAIH		EG. NO				
		NS GUIBER	MOZO					2. DATE OF	DEATH 3	-24-	9 TEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. I	last hirthday)	IF UNDER 1 YE	AR DE	UNDER 24 HRS.	7. DATE OF I	DIOTH	1	7	IPLACE (State or Foreign	
212-18-7715		1 M 2 V F	7 (URB MIN.	(Month, De Jan. 2		921	Count	aware	
Sa. FACILITY NAME (If not ins		71		J ins.					3, 1				
Union Hospi	tal of	C- 111111-1-1-1-1	County		Elkt		OCATION OF DI	EATH			cil	EATH	
10e. STATE Maryland	Ceci.				r, town on L	OCATION	+					10d. INSIDE CITY LIMITS? 1 YES 2 2 NO	
100. STREET AND NUMBER 1924 East C	ld Ph:	iladelph	ia Road			10f. ZIF	CODE .921				S.A.	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 🔯 8 3 Widowed 4 Divor			IT EVER IN U.S. / YES 2 () WAR OR DATES		If yo	s, specify	ENT OF HISPAI Cuben, Mexica NO Specif	in, Puerto Rica		or No-	RACE — American Indian, Black, White, etc. Specify: White		
	DENT'S EDUC		16a. (OECEDENT'S	USUAL OCCU	PATION		16b. KII	ND OF BU	SINESS/IN	DUSTRY		
(Specify only Elementary/Secondary (0- 1, 1	highest grade	College (1-4 or 5	+)	(Give kind of No. Do NOT u Dieti	work done duringse retired.) .Ci.an	ng most of	working	Sc	School System				
17. FATHER'S NAME (First, Mic Arthur Jenk						18	MOTHER'S NA	ME (First, Midden Sart		Sumame)			
190. INFORMANT'S NAME (Ty) W. Clifford		erson					lumber or Rural Philad					ton, MD 219	
20a. METHOD OF DISPOSITION 1	March		other	CE OF OISPO	SITION (Name	of cemeter		<u> </u>	20c. LO	cation –			
21. SIGNATURE OF FUNERAL		ENSEE	_ Oni	A CE		T AND A	DDRESS OF FA		nera	als,	-	Tanu	
23. PART I. Enter the die	Bh	6.	Hiel	61	F	lkto	nd Sto	21921					
disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuit that initiated events	late IG y	OUE TO OUE TO DUE TO	MIRZI OGRASA CONS JORASA CONS JORASA CONS	BEQUENCE C	NE) ·	+ A	In June	4 8126	84A				
PART II. Other significan	-	10.510	MISCH O	-0-	In the unde	rivina cı	use given in	Part I. 24	a. WAS AA	AUTOPSY	241	b. WERE AUTOPSY FINDING	
Christ	NEC YOUR	Leval F	MUNE						PERFO	RMED?		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEOICAL	HOSPITAL:	FR/Outpatient	3 □ DOA	OTHER:		OF DEATH (C/		manthd				
27. MANNER OF DEATH 1 Natural 5 1	Pending restigation	28a, DATE O		26b. TII	ME OF 28	c. INJURY WORK	AT	26d. DE\$CR		INJURY O	CCURED		
3 Suicide 6	Could not be	28e. PLACE (building	OF INJURY — At , etc. (Specify)	home, ferm,	street, factory,	office		261. LOCATIO	ON (Street fown, State	and Numb	er or Rural	Route Number,	
Correct Orley		CIAN: To the best o										a) and manner as stated.	
296. SIGNATURE AND TITLE							c. LICENSE NU					24-91 war	
30. NAME AND ADDRESS OF	Poll	Van 1	31W.	MM	a, Print) W ST (elk	NW	mel					
MAR 27'9	(ar)	32. REGISTR	AR'S SIGNATURE	indell									



DIVISION OF VITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cen	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or of

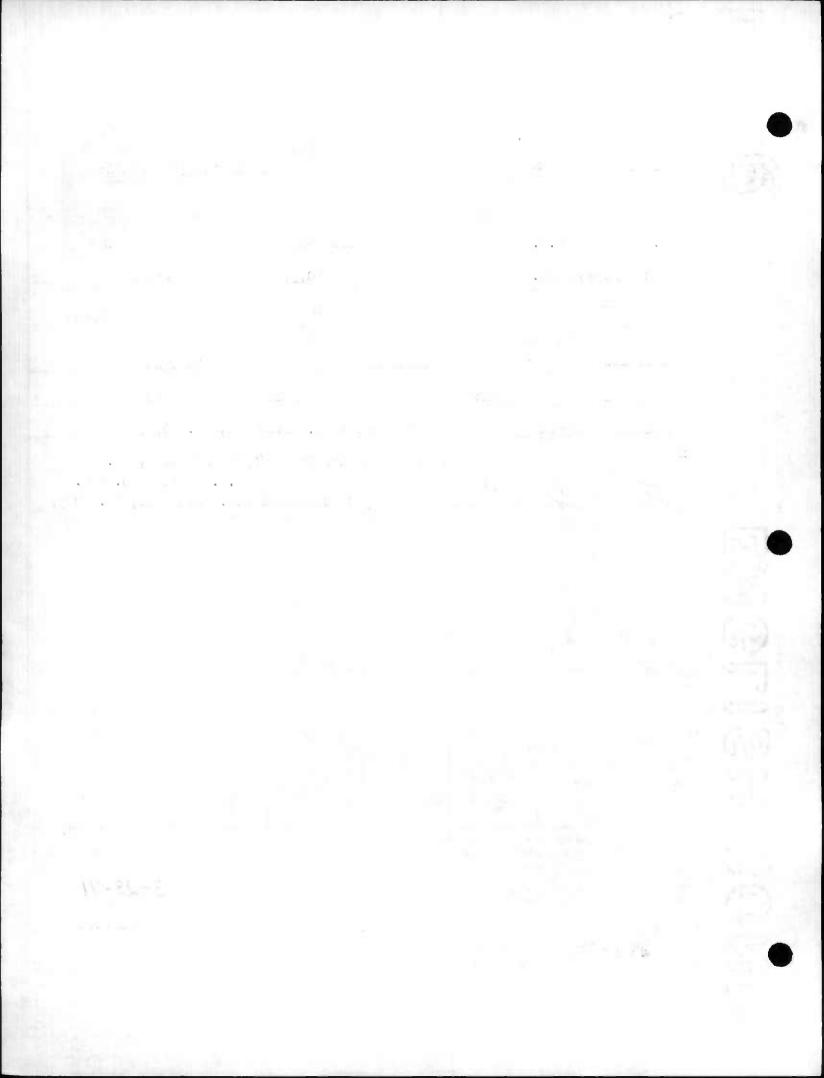
1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H			YGIENE EG. NO.				
1. DECEDENT'S NAME (First, Middle, Lai PHOEBE			GARNE	R	2. DATE OF C MONTH MARCH	DAY	YEAR 991	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 216-44-9734	1 🗆 M 2 🏋 F	86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		2, 1904	WAS	HINGTON, DC		
99. FACILITY NAME (N not institution, ght 3815 LITTLE	TON STREET			R LOCATION OF D ATON	EATH		ONTGO			
RESIDENCE OF DECEDENT 10a. STATE 10b. COU MARYLAND	NTY	10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	MONTGOMERY			ATON ZIP CODE		10g. CI	TIZEN OF Y	1 YES 2 NO		
3815 LITTLE 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, give was no pares 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.)					SA 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during mo		16b. KIN	D OF BUSINESS/IN	IDUSTRY			
12	College (1-4 or 5+)	CURRENC	Y EXAMI			EAU OF I		VING		
1	EENEY	How was no		CATHER	RINE		McQ	UEENEY		
FREDERICK R. GAI	2	205 RUS	SSELL RO	OAD, ALE			NIA	22301		
1 Burlel 2 Cremetion 3 R 4 Donetion 6 Other (Specify)	emoval from State	f cemetary, crematory of MT. OLIVE	CEMETI	ERY D ADDRESS OF FA	LCII ITV	WASHING	TON,	D.C.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	re Clat only ona cause on	ach line.						Approximata Interval Betwee Onset and Date		
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	C	A CONSEQUENCE OF		5 24						
PART II. Other algorificant condit	ilona contributing to death	but not reaulting in	the underlyin	g cause given in		PERFORMED?	7 248	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C	heck only one)					
1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 28b. TIME	OF 26c, IN.	e 5 Residence URY AT PRK? FES 2 NO	_	ecily) BE HOW INJURY O	CCUREO			
3 Suicide 6 Could not 4 Homicide determined	building, etc. (Sc	RY At home, farm, st ecify)	reet, factory, offic			N (Street and Numb wn, State)	er or Rural	Route Number,		
and any	IYSICIAN: To the best of my kno IINER: On the basis of examinat							a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTI	Done			29c. LICENSE NU	BER H	29d. D.	TE SIONE	(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)	20)	< S CC	NI 2 IM	et.	न विश्व रहे		
31. DATE FILED Month, Day, Year)	32. REGISTRAR'S SIC	MATURE Condess								





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0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or atter	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fine within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	amounted to the market at the market and the market and the second the market and an amounted the market and th
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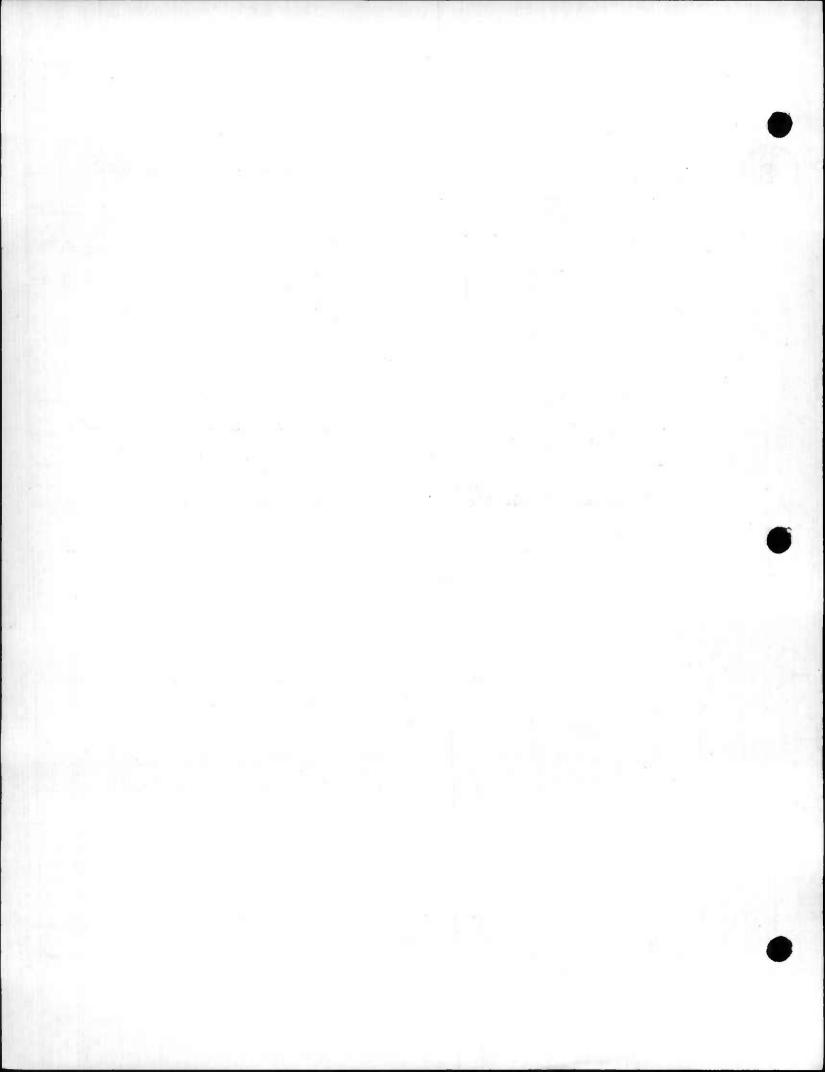
	1. DECEDENT'S NAME (First, Middle, I	Last)				2. DATE (OF DEATH	ıv v	YEAR	3. TIME OF DEATH
	HERBERT	L.		GRANT		3	27	1991	TEAR	2:40 p
	4. SOCIAL SECURITY NUMBER 594-14-4166	5. SEX 6. A	GE (In yrs. lest birthday) 51 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year)		Country	PLACE (State or Forei) BLCB.
	9a. FACILITY NAME (If not institution,	give street end number)		96. CITY, TOWN	OR LOCATION OF D			9c. COUNT	Y OF DE	ATH
CIOR	PRINCE GEORGE	HOSPITAL		CHE	VERLY	RLY PRINC				EORGE
DIREC	10e. STATE 10b. CC		10c. CIT	TY, TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?	
	Md 100. STREET AND NUMBER	P.G.			rdale		-	100 CITIZE	N OF W	1 € YES 2 □ N
FUNERAL	6905 Beacon	Pl.			20737			Jam		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 INO	If yes, sp	CENDENT OF HISPA	en, Puerto R			4. RACE	- American Indian, White, etc.
2	15. DECEDENT'S (Specify only highest		16e. DECEDENT'S	S USUAL OCCUPATION work done during me	ON set of working	16b.	KIND OF BUS	SINESS/INDUS	STRY	DISCK
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	ise retired.)	ost or working					
N N	17. FATHER'S NAME (First, Middle, Las	2	Mini	ster	16. MOTHER'S N	AME (First. M		ligio	n	
	Donnie	Grant			Luci			Cam	pbe.	11
6	19e. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street a						
		rant	6905		Pl. Rive		4	14		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 A Department of Comments		of cemetary, cremator, Harmony	re of disposition by or other place).	(Name	1/2/9:		cation — ch idover		
	4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	OE I MEMBE	narmony		ND ADDRESS OF F					
	7/	# 670						mnerc	1.0	
	23. PART I. Enter the diseases ahock, or haert fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	hanten	on asch line.	5801	Clevelar	nd Ave	e. Riv	rerdal	e, l	Approximat
RTIFICATION	23. PART I. Enter the diseases shock, or haert fell IMMEDIATE CAUSE (Final disease or condition	a. HYPUTAL DUE TO (OR A	on asch line.	5801 not enter the mo	Clevelar	nd Ave	e. Riv	rerdal	e, l	Approximat
EDICAL CERTIFICATION	23. PART I. Enter the diseases ahock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. HYPUTAL DUE TO (OR // DUE TO (OR // DUE TO (OR // d.	AS A CONSEQUENCE C	5801 not anter the mo	Clevelar de of dying, sur	nd Ave	e. Riv	AUTOPSY TIMED?	e, l	Md. 2073 Approximatintarval Bei Onset and WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CU OF DEATH?
MEDICAL	23. PART I. Enter the diseases ahock, or haert fell immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HYPUTAL DUE TO (OR // DUE TO (OR // DUE TO (OR // d.	AS A CONSEQUENCE C	5801 not anter the mo	Clevelar de of dying, sur	nd Ave	e. Riv	AUTOPSY TIMED?	e, l	Md. 2073' Approximatintarval Bet Onset and I
MEDICAL	23. PART I. Enter the diseases ahock, or haert fell immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HYPUTOL DUE TO (OR // DUE TO (OR // d. d. dittions contributing to dear	AS A CONSEQUENCE C	5801 not enter the mo	Clevelar de of dying, sur	nd Avenue	24a. WAS AN PERFOR	AUTOPSY TIMED?	e, l	Md. 2073' Approximatintarval Bet Onset and I
MEDICAL	23. PART I. Enter the diseases ahock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition o	a. Hyperot Due to (OR / Due to	AS A CONSEQUENCE CO	5801 not anter the mo	Clevelar de of dying, sur loves g cause given in LACE OF DEATH (C) ne 5 G Residence DIRY AT DRK?	nd Avenue	24a. WAS AN PERFOR	AUTOPSY IMED?	e ,]	Md. 2073' Approximatintarval Bet Onset and WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases ahock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated Could in the conditions are sufficient conditions.	a. HOSPITAL: 1 Impatient 2 ENLING HOSPITAL: 1 Impatient 2 Impatient 2 Impati	AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C The but not resulting TOutpetlent 3 DOA TOUTPETLENT DOA TOU	DF): OF): Clevelar de of dying, sur LOVASC g cause given in LACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO	nd Avenue	24a. WAS AN PERFOR	AUTOPSY MED? INJURY OCCU	24b.	Approximatintaryal Bell Onset and On	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases ahock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the	a. HOSPITAL: 1 inpatient 2 ER/ 28e. PLACE OF INJU (Month, Dey, 16 atton 28e. PLACE OF INJU building, stc. (AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C The but not resulting TOutpatient 3 DOA JURY 29b. Till JURY At home, farm, (Specify)	5801 not anter the mo	Clevelar De of dying, sur De company of the compa	nd Avenue a	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? INJURY OCCU	24b.	Approximatintaryal Bell Onset and On
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases ahock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the	a. HOSPITAL: 1 Impatient 2 ENLING HOSPITAL: 1 Impatient 2 Impatient 2 Impati	AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C TO AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C TO AS A CONSEQUEN	DF): 26. P OTHER: 4 Nursing Hor ME OF 28c. IN INJURY M 1 street, fectory, office	Clevelar De of dying, sur De of dying, sur De of De	heck only on 28d. DES	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State)	AUTOPSY TMED? In NO INJURY OCCU	24b.	Md • 2073' Approximatinterval Bet Onset and I Onset an
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases ahock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the	a. HOSPITAL: 1 Inpetient 2 ER/ 28e. DATE OF INJU 28e. PLACE OF INJU MINER: On the beels of examine.	AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C TO AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C TO AS A CONSEQUEN	DF): 26. P OTHER: 4 Nursing Hor ME OF 28c. IN INJURY M 1 street, fectory, office	Clevelar Ide of dying, sur Ide of dying, sur Ide of dying, sur Ide of dying, sur Ide of Death (Clevelar) Ide of Dea	heck only on 28d. DES 28f. LOC. City.	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State)	AUTOPSY SMED? In NO NURY OCCU	24b.	Md. 2073 Approximat Interval Bet Onset and I Onset an
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases shock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition o	a. DUE TO (OR / DUE TO (OR /	AS A CONSEQUENCE CO AS A C	DF): DF): DF): 26. P OTHER: 4 Nursing Hor ME OF JURY W M 1 street, fectory, office roed at the time, date tion, in my opinion, or	Clevelande of dying, sure description of dying, sure distribution of dying, sure distribution of dying and distribution of dis	heck only on 28d. DES 28f. LOC. Chy.	24a. WAS AN PERFOR	AUTOPSY IMED? In NO NUMBER OF THE PROPERTY O	e ,] at, 24b.	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1



31. DATE FILED (Month, Day, Year)

APR 2 - '91

	1 - STATE REGISTRAR		CERTI	FICATE O	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			West		2. DATE OF DEAT	DAY VE	AD	TIME OF DEATH	
		ra B. Gla	soe			March 2	8, 1991		11:20 AM	
	4. SOCIAL SECURITY NUMBER 110-36-8824	5. SEX 1 M 2 F	6. AGE (In yrs. last birthda 89 YRS.	MONTHS DAY	The state of the s		(r)	ountry) .nnes	CE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give standy Grove Adve		sing Cente		n on Location of ckville	OEATN	sc. COUNTY Montg			
DIRECTOR	10e. STATE 10b. COUNTY Maryland	Montgon		TY, TOWN OR LO	cation Bethesda				I. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 6944 Winterberry	Lane			10f. ZIP CODE 20817		10g. CITIZEN	OF WHAT	COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 X NO AR OR DATES	If yes,	DECENDENT OF NISI apacity Cuben, Mex /ES 2 NO Spe		American Indian, hite, atc.			
OMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind life, Do NOT	'S USUAL OCCUP of work done during use retired.)		RY				
OMI	17. FATHER'S NAME (First, Middle, List) 4 Homemaker Own Home 18. MOTNER'S NAME (First, Middle, Malden Surname)									
TO BE C	Julius Bora	as			Ju	ilia Rygh				
TO B	19a. INFORMANT'S NAME (Type/Print)	Wit	19b. MAILI	NG ADDRESS (Stre		al Route Number, City of	Town, State, Zip Coo	io)		
-	Paul J. Glasoe					e, Betheso				
	20e. METNOD OF DISPOSITION 1	oval from State	20b. PLACE OF DISF other place)				LOCATION — City			
	4 Donation 5 Other (Specify) 21. SIGNATUBE OF FUNERAL SERVICE LIC	PENICEE	Montgome		atorium,		thesda,			
	* Michele (P. Hut	Ta M0034	Home,	/Rockvill	FACILITY Rober Le, Inc., aryland 2	300 W. M	ontg	y Funera omery Av	
	23. PART I. Enter the diseases, or cahock, or heart failura. IMMEDIATE CAUSE (Final disease or condition	List Dnly one caus	se on each line.	not enter the	moda of dying, a	uch as cardiac or r	espiratory arrest,		Approximate interval Betwee Onset and Da	
	resulting in death)	DUE TO (OR AS A CONSEQUENCE	OF):			*		internal	
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE						7	
ERTI	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL	Chronic atrick febr	Motion	Neurogenic Il	postino	hypotiment reconect	. PE	S AN AUTOPSY RECRIMED?	AMA COI OF	RE AUTOPSY FINDING NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		henselevite by	26	PLACE OF DEATH	(Check only one)			70.182	
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpetient 3 🗆 DO/		lome 5 🗆 Realden	ce 8 Other (Specify				
ву РНУ	27, MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY ly, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE N	OW INJURY OCCUR	ED		
ED	3 Suicide a Could not be 4 Nomicide determined	28e. PLACE Of building, a	FINJURY — At home, farm rec. (Specify)	n, street, factory, c	office	28f. LOCATION (S City or Town,	treet and Number or F State)	Rural Route	Number,	
COMPLET	enal .		my knowledga, death occ amination and/or investig					use(s) and	d menner as stated	
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIED	_ ma		-	0-19		29d. DATE SI	GNED (MO	onth, Day, Year)	
-	BYRL D. JOHN	son o	911 Russell	Parint) Ruenne	Gaithe	042 ršburg, md	. 20879			
	APR 2 - '91	32. REGISTRAJ	e's signature widsen-Randal	2.		1				



-		Snu
The second secon		irked, or item 23 shows any injury, or other traumatic event, the medical examiner must
-	remova	edical
	ō	E
	ation,	the
	, crem	event
	ping	atic
	orior to	traun
6.46	lygiene (r other
	n with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	niury, o
-	and	I VI
	Health	WS 3
	0,	S
	Depl	23
-	State	ltem.
2	the	0
200	with	rrked

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE EG. NO.		
ļ	1. DECEDENT'S NAME (First, Middle, La	est)	02.11.11.10			2. DATE OF D	EATN		3. TIME OF DEATH
i	Eustace	Brock Gri	ffith			MONTH 3	19	9/	0745 M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	RTN	8. BIRTI	IPLACE (State or Foreign
ı	153 22 8455	1√ M 2 □ F 7 G	YRS.	INTHS DAYS	HOURS MIN.	11/17			Jersev
	9a. FACILITY NAME (If not institution, g	ive atreet and number)	91	b. CITY, TOWN O	R LOCATION OF DE	ATN	9c. CO	UNTY OF E	
DIRECTOR	Hill Haven Nur	sing Home		Adelp	hi		Pri	nce (George
D	10a. STATE 10b. COL		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
<u> </u>	Maryland	Montgomery	Si	lver Sp	rino				LIMITS? 1 - YES 2 NO
	10e. STREET AND NUMBER	ilonegomer)			ZIP COOE		10g. Cl	TIZEN OF	WHAT COUNTRY?
	209 Eldrid Dr	ive			20904		1	USA	
FUNEHAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF NISPAN		ecify Yea or No-	14. RAC	E — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			city Cuben, Maxica 2 NO Specify		, etc.)	Spec	k, White, etc.
E E	3 🔀 Widowed 4 🗌 Divorced								White
	15. DECEDENT'S (Specify only highest g		16a, DECEDENT'S US (Give kind of work	done during mo		18b. KINI	OF BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ri	etired.)					
COMPL	1/12	5 Years +	Music '	<u> Feacher</u>					ic Schools
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle	, Malden Surname)		
BE.	Eustace Brock	Griffith,Sr.					n Melbr		
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, C	ity or Town, State, 2	(ip Code)	
-	Charles B. Grif				rive Sil	ver Sp			
	20a. METHOD OF DISPOSITION During 2 Cremetion 3 1 1	Removal from State	b. PLACE OF DISPOSITE other place)	ON (Name of cen	netery, crematory or		20c. LOCATION -	- City or T	own, Stata
	4 Donation 5 Other (Specify)		lackensack				Hackensa	ack.	I.J.
	21. SIGNATURE OF FUNERAL SERVICE	EUCENSEE			D ADORESS OF FA		Note Hami	Δ376	s. S.S.Md.
	* (love &	5 Weson		lillies/	KIHAIGI	11000	new main	J. Ave	. D.D.M.
	23. PART I. Enter the diseases,			antar tha mo	de of dying, suc	h as cardiac	or reepiretory a	rrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	ure. List only one cause on o	1		1				Onset and Death
- 1	disease or condition resulting in death)	. Aspivai	tran p	Menn	rouia				
ľ	resulting in douting	DUE TO (OR AS	A CONSEQUENCE OF:	1 0	10				
z I	Sequentially list conditions,	- Clevani	A CONSEQUENCE OF:	Mes	~ /67	tube	vk.		
	If any, leading to immediate	QUE TO (OR AS	A CONSEQUENCE OF):		1				
3	ceuse. Entar UNDERLYING CAUSE (Disease or Injury	c NVVV	A CONSEQUENCE OF:						
RIFICATION	that initiated events resulting in death) LAST	RIAII	A CONSEQUENCE OF):	A					
		d. Duron	er c						
AL.	PART II. Other significent cond	Itione contributing to death	but not resulting in	the underlying	cauae given in	Part I. 24a	. WAS AN AUTOPS'	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							YES 2 NO		COMPLETION OF CAUSE OF DEATH?
MEDIC									1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?				ACE OF DEATH (Ch	eck only one)			
	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA 4	THER: Nursing Nor	e 5 🗆 Residence	8 - Other (Sp	ecify)		
PHY	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ	URY AT RK?	28d. OESCRI	BE HOW INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigat				res 2 🗌 NO				
	3 Suicide 6 Could not	t be building, atc. (Sp.	Y — At home, farm, stre	et, factory, offic			N (Street and Numb wn, State)	oer or Rural	Route Number,
	4 Homicide determine	id							
COMPLETED	29a. CERTIFIER (Check only	NYSICIAN: To the best of my kno	wiedge, death occurred	at the time, data	and place, and due	to the cause(s) and manner as s	tated.	
OM	onel	MINER: On the basis of examinati	on and/or investigation,	In my opinion, d	eath occured at the	time, data and	place, and due to	the cause	(s) and menner as stated.
S	29b. SIGNATURE AND TITLE OF CERT	risies			29c. LICENSE NUI	MBER	29d. D/	ATE SIGNE	D (Month, Day, Year)
00	[/][]	alle			D31	563	•	3/1	9/9/
2	30, NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, P	rint)				5 1	1D 20904
1			NATURE Pandell	111-6	,	1-4-01	24144	11/	
	MAR 2 0 91	Stella Dainde	son handed						

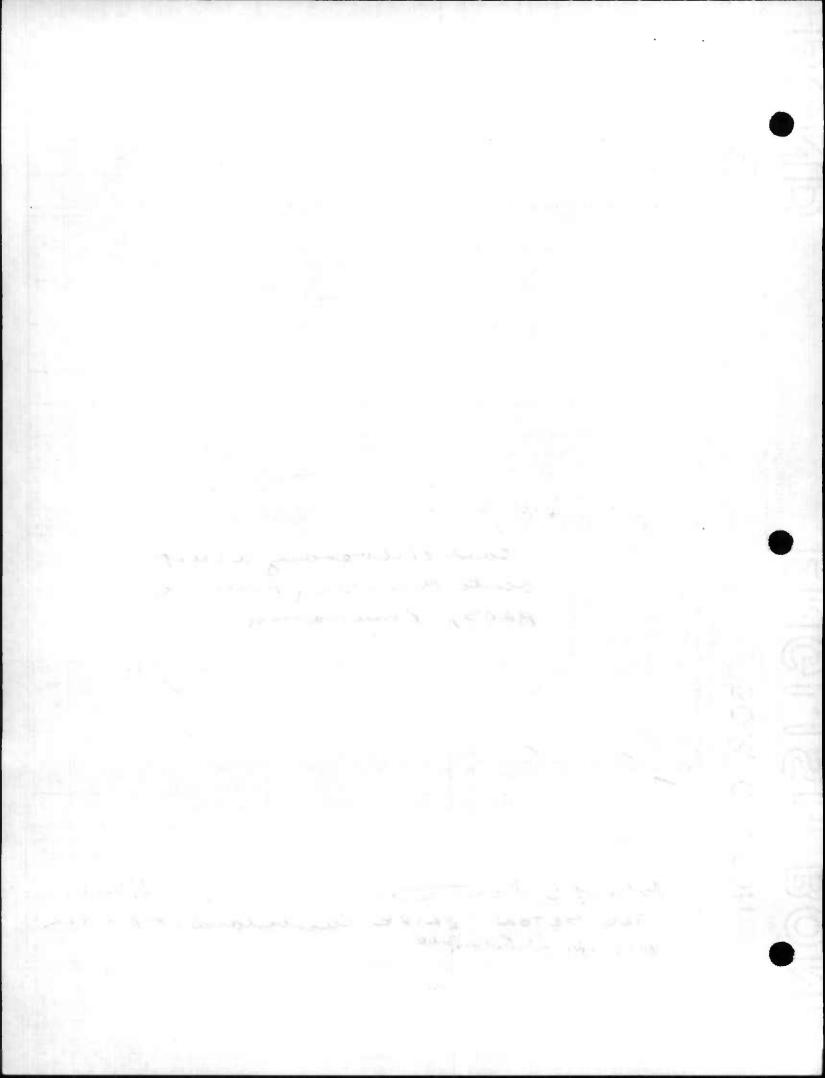
15

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	(
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mentions be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, or removal.	2
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.)

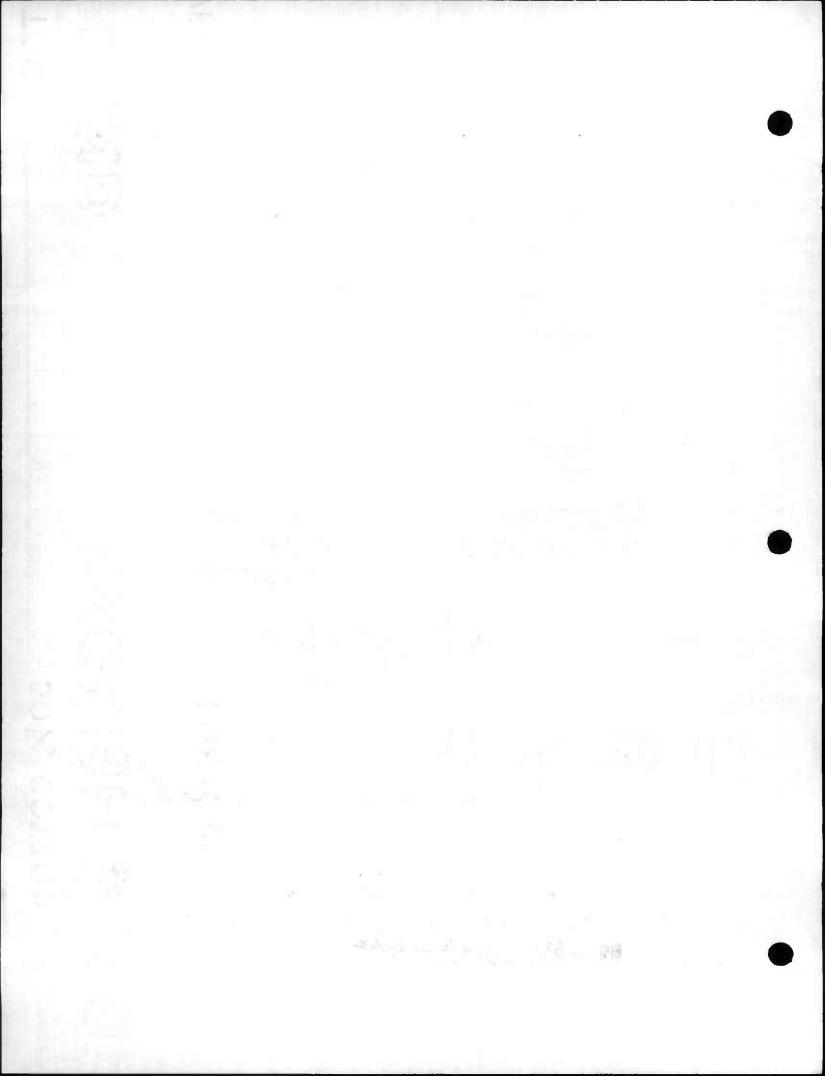
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	NO.		
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA'	TH DAY	YEAR 3.	TIME OF DEATH
WOODROW W. HAMII	TON, SR.				MARCH		91	5:10 A M
4. SOCIAL SECURITY NUMBER 220-07-6978	5. SEX 6. AGE (F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 07-12-		8. BIRTHPL	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give si	reet and number)	9	b. CITY, TOWN OF	LOCATION OF DEA	TH	9c. COUN	TY OF DEAT	гн
SACRED HEART HOS	SPITAL		CUMBER	LAND, MA	RYLAND	A	LLEGA	NY
MD Allega			erland,	ON				d. INSIDE CITY LIMITS? YES XX NO
100. STREET AND NUMBER Route 4 Box 363	Moores Hollo	OW .	11911	ZIP CODE 502		10g. CITIZ		AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEOENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 (NO	If yes, sper	NDENT OF HISPANIC My Cuban, Maxican, NO Specify:			14. RACE — Black, W Specify: Wn	American Indian, white, atc.
15. OECEOENT'S EOU (Specify only highest grade Elementapy/Secondary (0-12)		life. Do NOT use n	rk done during most retired.)	of working	2111100000	F BUSINESS/INO		
12		ret. tr	ruck dri	.ver	Su	per Cond	crete	co.
17. FATHER'S NAME (First, Middle, Lest) Andrew Hamilton				16. MOTHER'S NAM Rebecca		falden Surname) beth Bud	су	7- K
19a. INFORMANT'S NAME (Type/Print) Mr. Ronald L. Ha	milton	196, MAILING AT Cumber	cland, M	d Number or Rural Rd ID 21502	oute Number, City o	or Town, State, Zip	Code)	
ZSu. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Ram 4 □ Denation 6 □ Other (Specify)	oval from State 20	b. PLACE AND DATE O	of disposition (Name metery	3-27	oc. LOCATION — C Cumberla	end, N	, Stata
21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11:	222NAME AND Cumbe	elli fun erland, M	eral Ho	ome		
immediate Cause (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	netae	my F	ulu	ie		Onset and Death
PART II. Other significent condition	s contributing to deeth t	out not resulting in	the underlying	cause given in F	P	AS AN AUTOPSY ERFORMED? YES 2 [] NO	Al C	FRE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)			14
EXAMINER?	HOSPITAL:		OTHER:	6 - Residence	5 Other (Speci	(v)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	JRY AT		HOW INJURY OCC	CUREO	
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, str cify)	reet, factory, office		281, LOCATION (City or Town,	(Street and Number , State)	or Rural Rou	ite Number,
cool	ICIAN: To the best of my know							ind manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	new			D34846		▶ ,	SIGNEO (A	Aonth, Day, Year)
900 S 8 31. DATE FILEO (Morith, Day, Year)	TO NO	DRIVE	= 20	whe	Men	din	100	21502
MAR 2 8 1991	22. RECHETRAR'S SICH	ASTRON						



	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			YGIENE EG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last) Herbert L.	arper, Jr.				2. DATE OF I	30 DAY 9:	VEAD	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 218-14-1886	1 X XM 2 □ F 72	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Sept 1	0,1919	Country) Mai	ACE (State or Foreign
IO.	9s. FACILITY NAME (If not institution, give Dorchester Ger		al		nbridge			NOT OF OEAT	ester
DIRECTO	10a. STATE 10b. COUNT		10c. CIT	y, TOWN OR LOC					INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 744 Race Stree	et			101, ZIP CODE 21613		10g. CIT	TIZEN OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	XIXNO	If yes,	ECENDENT OF HISP specify Cuban, Max ES 2 NO Spe	ican, Puerto Ricar		14. RACE — Black, W Specify:	American Indian, white, etc. White
PLETED	15, OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		me. Do NOT us	work done during i	nost of working	16b. KIN	D OF BUSINESS/IN	OUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		- · · · · · · · · · · · · · · · · · · ·		18. MOTHER'S	NAME (First, Middl	e, Malden Surname)		
BE	Herbert Linwo	ood Harper,		AODRESS /Stree			ristopl Day or Town, State, Zi		
TO B	Marjorie M. Ha	arper					, Md.		
	20a. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State of ce	PLACE AND DATE metary, crematory NEW N	or other place) larket 22. NAME	Cemete	FACILITY Th	omas Fi	New unera	Mkt, Md.
AL CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO JOR AS A DUE TO JOR AS A C. OUE-TO JOR AS A d.	consequence of	Pi Alzhe	neumon rack rack rack rack	Earki Rarki	Rini		Approximate interval Betwee Onset and Deat
MEDIC	PART II. Other algorificant condition	ons contributing to death but	t not resulting	in the underly	ing ceuse given		PERFORMED?	OI OI	ERE AUTOPSY FINDING: MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH		-		
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	29b, TIN	E OF 28c. I	ome 5 Resident NJURY AT WORK? YES 2 NO		BE HOW INJURY O	CCURED	79 7
ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm,	street, factory, of	fice		ON (Street and Numbown, State)	er or Rural Rou	te Number,
MPL	onel	SICIAN: To the best of my knowle IER: On the basia of axamination							nd manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIC	Unshla	ngton /7	3.	29c. LICENSE I	NUMBER 3/10	S 29d. DA	3/3	O Cy
F	30. NAME AND ADDRESS OF PERSON W	SAVE	HU (ITEM 27) (Type	lock	MR	216	4.3	1	/
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIS SIGNA	andcov-1	andelle					



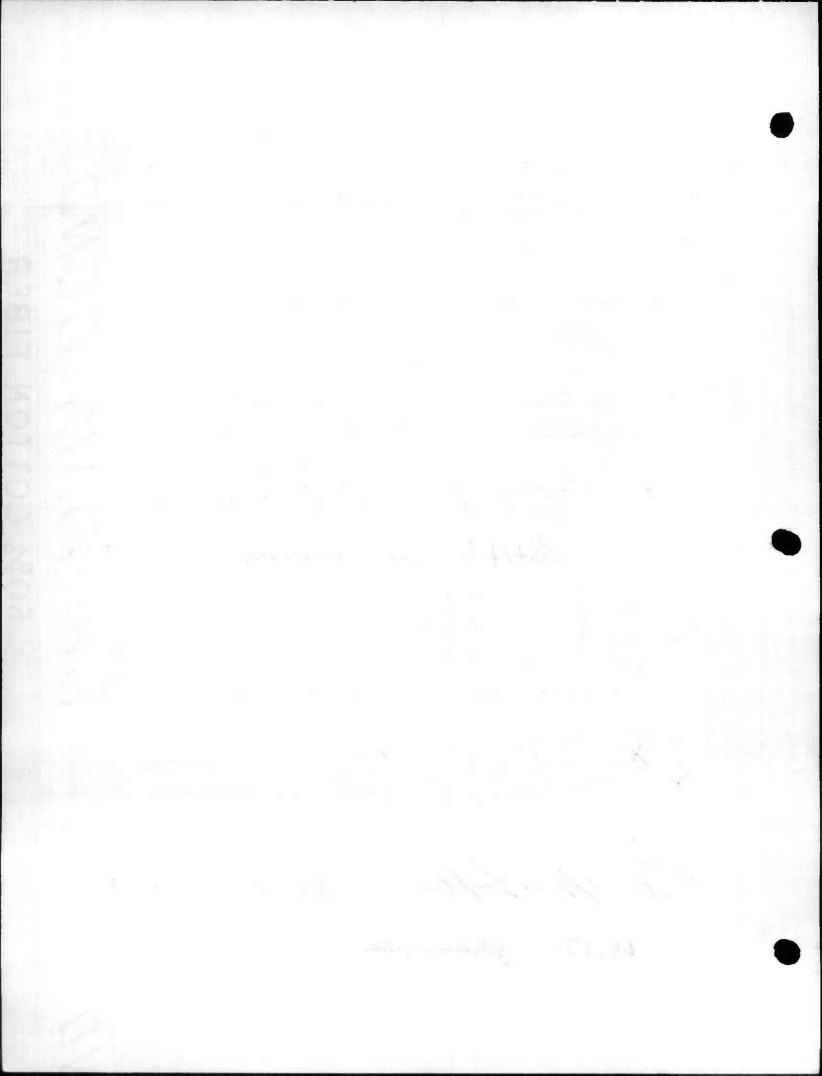
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLA				REALTH AND	MENTAL	HYGIENI REG. NO.	Ε .)	09120
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE O			YEAR	3. TIME OF DEATH
	Myrtle :	Prett	yman Hu	rley	7				03-		1991		4:00 P.
	4. SOCIAL SECURITY NUMB		5. SEX		n yrs. lest birti	hday) IF I	JNDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTH Day, Ybar)		8. BIRTH Countr	PLACE (State or Foreign
	215-74-11		1 M 2 F	8	31 Y	rs.			10-	26-19		-	land
ne	9a. FACILITY NAME (If not in			_		.9b.	CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF D	EATH
Ö	Wm. Hill		h Care	Cent	cer	Ca	mbri	dge,			Dor	che	ester
DIRECTÓR	10a. STATE	10b. COUNT	Υ		10	c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
풉	Maryland	Dorc	hester	_ 1			ambr	idge					YES 2 NO
AL	10e. STREET AND NUMBER		, ,				10	f. ZIP CODE	_		10g. CITIZ	EN OF V	VHAT COUNTRY?
FUNERAL	414 East	Appl	eby Ave	•				2161	3			USA	A
5	11. MARITAL STATUS 1 Never Married 2	Mondad	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED			CENDENT OF HISPA secify Cuban, Mexic			or No-		E — American Indian, k, White, etc.
ВУ	3 Widowed 4X Dive		IF YES, GIVE V	MAR OR DA	TES TE			NO Speci				Speci	" White
ED		EDENT'S EDU					AL OCCUPATION		16b.	KIND OF BUS	INESS/INDI	STRY	
	Elementary/Secondary (0		College (1-4 or 5	+)	Me. Do	NOT use ret	ired.)	or or working					
COMPLETED	7 Years				H	omen	naker						
	17. FATHER'S NAME (First, M							18. MOTHER'S NA					
BE	Howard		llev		105 11/	AII INC ADD	DECC /Dural	Car and Number or Rural		Robbi		On et al.	
2	Shirley P												1612
	20a, METHOD OF DISPOSIT	ION	***	20b.	PLACE OF E			d Lane		-	CATION (
	1X Buriel 2 Crematic	(Specify)	noval from State		other place)			orial P		Cam	brid	lge,	Md.
	21. SIGNATURE OF FUNERA	L SERVICE LI	0 4	,	1			NO ADDRESS OF F					
	> Ken	with	R Thom	nea (ha			homas F					W1 0161
	23. PART I. Enter the d	isesses, or	complications the	at caused	the death.	. Do not e							Md. 2161
	shock, or h	eart failure.	List only one car						_				Interval Between
	IMMEDIATE CAUSE (Fir	→ -	Malac	1. 4	: 8	1/3	-	Carcin	Ohna				4 Mos.
	resulting in death)		DUE TO	OR AS A	CONSEQUE		1614	CMUT	0. 12				
Z	Sequentially list condit	ions (b										
ERTIFICATION	If sny, leading to imme	diata	DUE TO	(OR AS A	CONSEQUE	NCE OF):							
2	CAUSE (Diseese or Inju		cDUE TO	OR AS A	CONSEQUE	NCE OF:							
Ē	that initiated events resulting in death) LAS	т		(=									
O			a.									_	
AL	PART II. Other algnifice	ont condition	ns contributing to	daath bu	ut not resu	ilting In th	ne underlyln	ig cause given in	Part I.	24a. WAS AN PERFOR		24b	MAILABLE PRIOR TO
MEDIC										1 TYES 2	□ NO		OF DEATH?
									_				1 YES 2 NO
AN:	25. WAS CASE REFERRED T	O MEDICAL					24.0	A ACE OF BEATURE		- 1			
SICIAN	EXAMINER?	O MEDICAL	HOSPITAL:	T ente		01	WER:	LACE OF DEATH (C					
PHYS	27, MANNER OF DEATH		1 Impatient 2			DOA 4 E		ne 5 - Realdence	7	(Specify) CRIBE HOW II	NJURY OCC	URED	
		Pending		Day, Year)		INJURY	W	YES 2 NO					
ВУ	2 / Account	Investigation Could not be	28e. PLACE (OF INJURY	— At home,	ferm, stree	t, factory, offic	ce	28f. LOCA	TION (Street	and Number	or Rural	Route Number,
LETED	4 Homicide	determined	building	, etc. (Speci	ary)				City o	or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERT	TIFYING PHYS	SICIAN: To the best o	f my knowl	ledge, death	occurred at	the time, det	e and place, and du	e to the cau	se(s) and mar	nor as stat	ed.	
OM	onel L	ICAL EXAMIN	ER: On the basis of	examination	n and/or Inves	stigation, ir	my opinion,	death occured at th	e time, date	and place, an	d due to th	e cause(i	s) and manner as stated.
ш	294 SIDNEDARE AND TITLE	OF CENTIFIE	7/	1	10			29c. LICENSE NU)MBER		29d, DATI	SIGNED	(Month, Day, Year)
00	Sam	AM	have I	lan	ly	2		D28	209	`	> 1	111	191
5	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	ISE OF DE	ATH (ITEM 27	7) (Type, Prir	nt)						

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randall

*

31. DATE FILED (Month, Day, Year)

APR _ 1 '91



FOR STATE	STATE OF MARY						AL HYGIEN	E		
REGISTRAR		CEI	RTIFICAT	re of	DEATH	-	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH	AY	YEAR	3. TIME OF DEATH
GARY 4. SOCIAL SECURITY NUMBER	STEPHEN			TETT		- 0		8	1991	
		GE (In yrs. lest b	MONTH	DER 1 YEAR	IF UNDER 24 H	/M	TE OF BIRTH onth, Day, Year)		Count	
218-66-0009	1 XM 2 - F	34	YRS.				3-22-56			ryland
Ba. FACILITY NAME (If not institution, give str	reet and number)		9b. Cf	TY, TOWN	OR LOCATION (OF DEATH		9c. COU	NTY OF E	DEATH
BALTIMORE COUNTY	GENERAL H	OSPITA	L R	RANDA	LLSTOW	V		BAT	TIM	ORE
10a. STATE 10b. COUNTY			10c. CITY, TOWN	N OR LOCAT	TION					10d, INSIDE CITY
Maryland Bal	1timore			ikesv						LIMITS?
Oo. STREET AND NUMBER	LULINOTE		1		ZIP CODE			I 100 CITI	ZEN OF	WHAT COUNTRY?
603 McHenry Road				"	2120	0		log. Citi		
1. MARITAL STATUS	12. WAS DECEDENT EVE	ED IN ILE ADM	en I.	2 140 0 050			GIN? (Specify Ye		US	
Never Married 2 Married	FORCES? 1 Y	ES 2 NO	,	If yes, sp	ecify Cuben, M	axican, Pue		s or No-	Blac	E — American Indian. ck, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		1 TYES	2 X NO S	ipecify:			Spec	omy: Vhite
15. DECEDENT'S EDUC	ATION	16a, DECE	EDENT'S USUAL	OCCUPATION	ON	1	16b. KIND OF BU	SINESS/INC		MILLE
(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give	kind of work dor Oo NOT use retired	ne during mo d.)	ast of working					
12	College (1-4 or 5+)		Condit			anid				
7. FATHER'S NAME (First, Middle, Lest)						_	st, Middle, Maiden	Sumana)		
Joseph M. Hofst	tatter Sr				1 - 2 - 2 - 1 - 1		furphy	Surremey		
9a. INFORMANT'S NAME (Type/Print)	tetter br.	1405	********							
Joseph M. Hofstett	ton Cn		3 McHe				umber, City or Tox			10
							ville, N		2120	
20e. METHOD OF DISPOSITION 1 Duriel 2 \(\text{D} \) Cremetion 3 \(\text{D} \) Remo	oval from State	of cemetary, g	ND OATE OF DI		(Name			CATION —		
4 Donation 6 Other (Specify)										
		Carrol	LI Crem	ation			30 Har	npste	ad,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Carrol	LI Crem	ation 22. NAME A	ND ADDRESS (F FACILITY	118	2/1 Pa	ioto	retorn D
21. SIGNATURE OF FUNERAL SERVICE LICE	ensee Poruel	Carrol L	LI Crem	ation 22. NAME A	ND ADDRESS (F FACILITY	118	2/1 Pa	ioto	retorn D
· C. Brian	n Powel	l	II Crem	ation 2. NAME A Eline	Funer	al Ho	ome Reis	24 Re sters	iste town	erstown Ro
21. SIGNATURE OF FUNERAL SERVICE LICE Bugs 23. PART I. Enter the diseases, or coshock, or heart failure. Lice	Powel	Legistra deal	II Crem	ation 2. NAME A Eline	Funer	al Ho	ome Reis	24 Re sters	iste town	erstown Ro
23. PART I. Enter the diseases, or coshock, or heart failure. I	Powel	L used tha deat in each line.	th. Do not and	ation 22. NAME A Eline tar tha mo	Funer ode of dying,	al Ho	ome Reis	24 Re sters	iste town	erstown Ro
23. PART I. Enter the diseases, or conshock, or heart failure. I	Powel complications that cause of the cause	Lused the deater and allow and allow	th. Do not and	ation 22. NAME A Eline tar tha mo	Funer ode of dying,	al Ho	ome Reis	24 Re sters	iste town	erstown Ro
23. PART I. Enter the diseases, or conshock, or heart failure. I	Powel complications that cause of the cause	L used tha deat in each line.	th. Do not and	ation 22. NAME A Eline tar tha mo	Funer ode of dying,	al Ho	ome Reis	24 Re sters	iste town	erstown Ro
23. PART I. Enter the diseases, or coshock, or heart failure. I	pomplications that cau List only ona cause of NARCOTIC DUE TO (OR A	Lused the deatern each line. AND ALLAS A CONSEQUE	th. Do not and	ation 22. NAME A Eline tar tha mo	Funer ode of dying,	al Ho	ome Reis	24 Re sters	iste town	erstown Ro
23. PART I. Enter the diseases, or conshock, or heart failure. In immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if sny, laading to immediate	pomplications that cau List only ona cause of NARCOTIC DUE TO (OR A	Lused the deater and allow and allow	th. Do not and	ation 22. NAME A Eline tar tha mo	Funer ode of dying,	al Ho	ome Reis	24 Re sters	iste town	erstown Ro
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23. PART I. Enter the diseases, or conshock, or heart failure. In immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 COUId not be determined	DUE TO (OR A DU	AND AI AND AI AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A	th. Do not and COHOL JENCE OF): JENCE OF): JENCE OF): Suiting in the DOA OTH DOA OTH CHARLE OF INJURY UNKNOWN th occurred at the	ation 22. NAME AI Eline lar tha mo INTOX underlyin 28. P IER: Nursing Hon 28c, IN. 1	g cause give	on in Part is H (Check on part is 28d. 0 UN 28f. 60d due to the	. 24a. WAS AP PERFO 1 VES V one) Wher (Specify) DESCRIBE HOW KNOWN COLOTION (Street City or Town, State 3) MCHEN COURS (a) and me	NAUTOPSY RMED? 2 NO INJURY OC	iste town rest,	Approximatinterval Bet Onset and I Onset a

296. SIGNATURE AND TITLE OF CERTIFIER
NONALL & WA Nonace & Way & MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER O.C.M.E

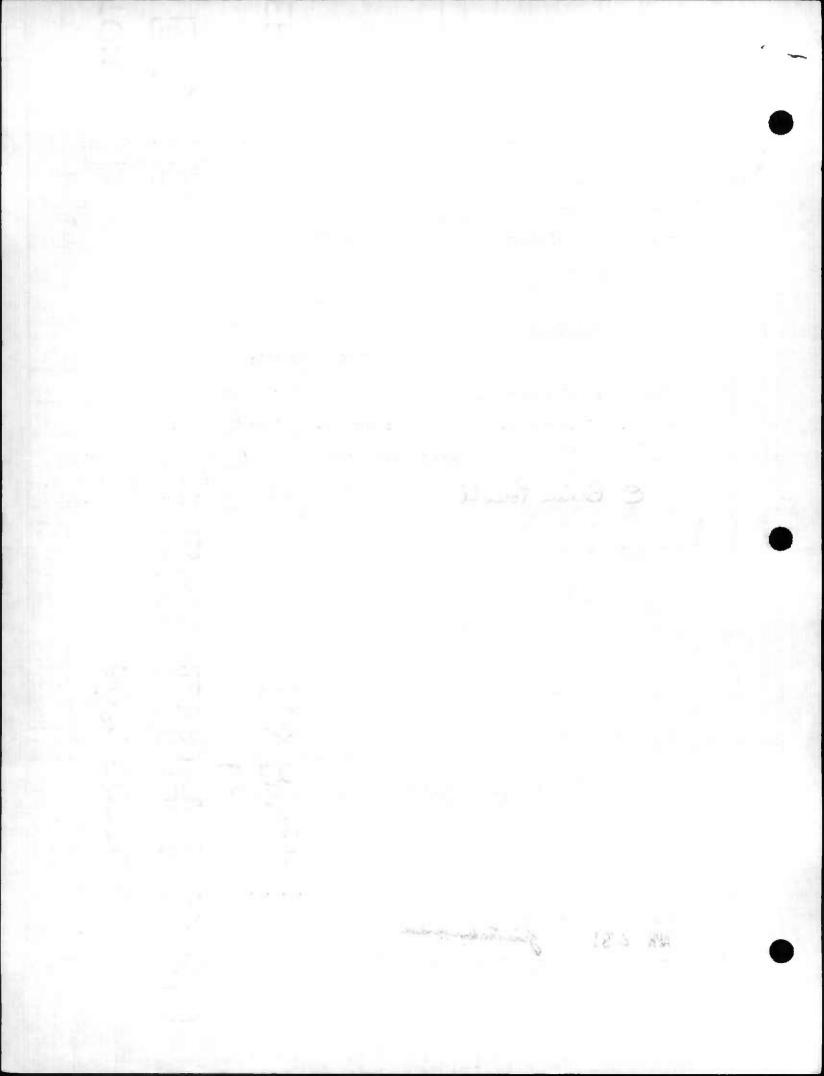
29d. DATE SIGNED (Month, Day, Year) 03/29/1991

DONALD G WRIGHT MD DOME

2

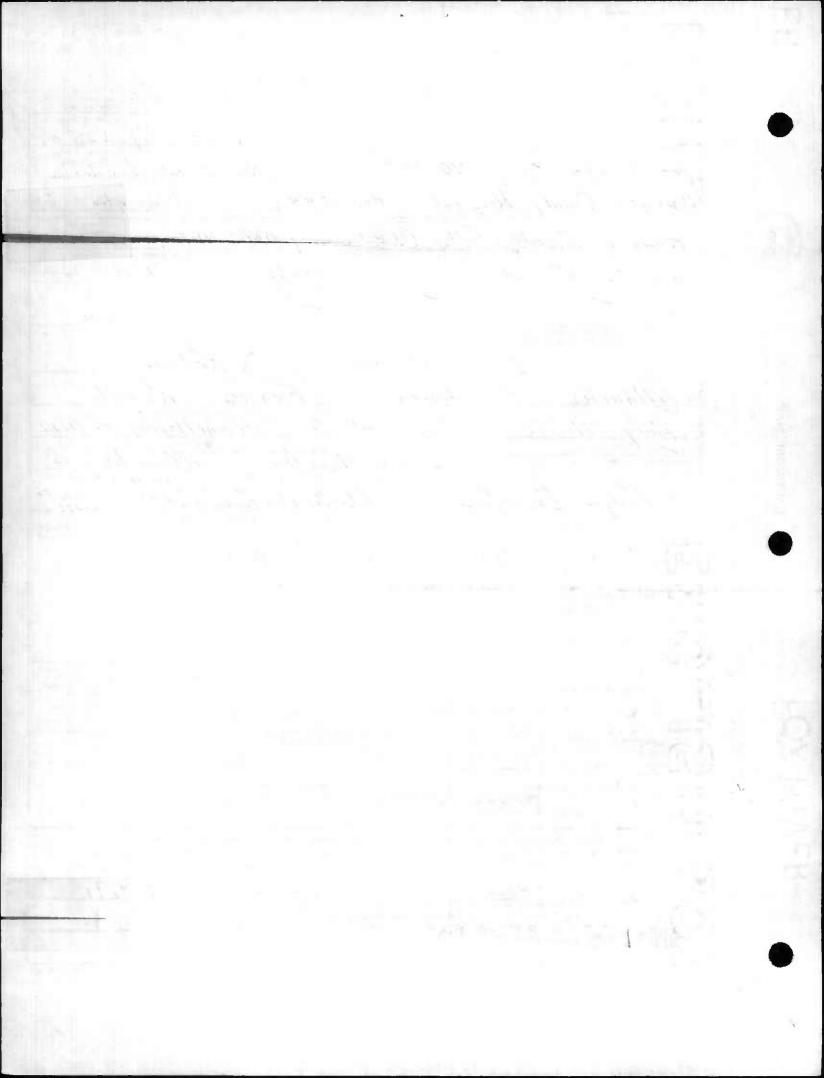
Julie Handson Mendre

PENN STREET BALTIMORE



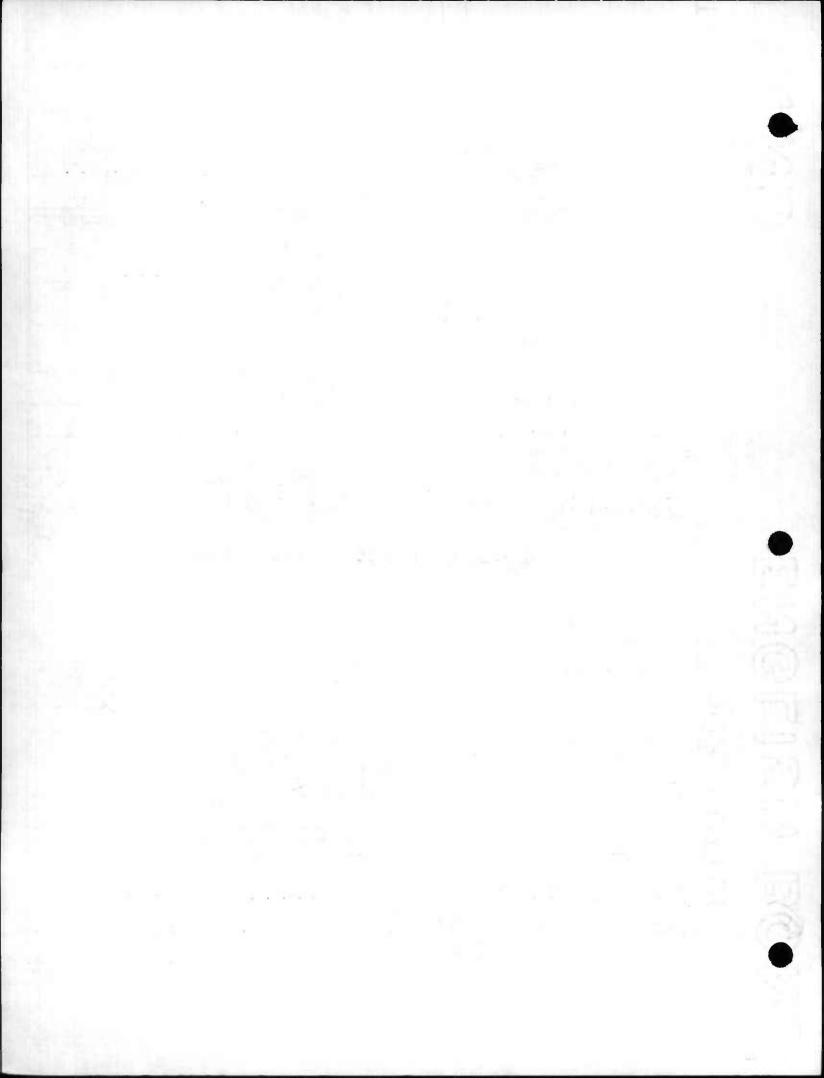
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the formal director, page 5 should be detached the formal director of pages 5 should be detached to the formal director of pages 5 should be detached to the formal director of pages 5 should be detached to the formal director.	men within 12 mous are deen with the Course copy, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	R Ho	over			2. DATE OF DEATH	AY YE	3. TIME OF DEATH
2000	162-09-8542	1 1 1 M 2 □ F	70 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 15,	1920 /	IRTHPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give stre NAShing for OCCI) RESIDENCE OF DECEDENT	ty Hospi	tal	HAGERS	FOW N	АТН	UASH	,
DIRECTOR	10e. STATE 10b. COUNTY	whis Fur	Hon Chy	TOWN OR LOCAT	TION	ne	lung	10d. INSIDE CITY LIMITS?
FUNERAL	210 N. 4	54		101	17233		10g. CITIZEN	A.
BY	11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 -NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		Ille. Do NOT use	k done during mo	ON et of working	16b. KIND OF BU	SINESS/INDUST	ay .
E COMPLET	17. FATHER'S NAME (First, Middle, Last)	E	Loover	- 4 /	18. MOTHER'S NA	ME (First, Middle, Meider	,,,,,,,	kell
TO BE	190. INFORMANT'S NAME (Type/Print)			ODRESS (Street o	ond Number or Rurel	Poute Number, City or Tox	vn, State, Zip Cod	g Pa 17233
	20e. METHOD OF DISPOSITION 1 Souriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		cemetary, crematory of	other place)	Name lem	DATE 20c, L	OCATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	anelus		Relsu-	Cornelius	S Funeral Hi	312 MG	V. 2nd SI
	23. PART I. Enter the diseases, or conshock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that cause st only one cause on a	d tha death. Do no aach line. My 0 C A CONSEQUENCE OF):	43		erchay	piratory screent,	Approximate interval Between Onset and Deeth
ATION	Sequentially list conditions, if eny, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):		U			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significent conditions Corelar ova				g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	eck only one)		
YSIC	1 TES 2 NO	HOSPITAL: 1 Inputlent 2 ER/Out	Ipatient 3 DOA 4			6 Other (Specify)		
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	D
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, str scffy)	eet, factory, offic	•	281. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	and .	IAN: To the best of my kno						use(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	= Du			29c. LICENSE NU	MBER	29d. DATE SIG	SHED (Morth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type, I	Print)	100 110		1/2	1/11



BALTIMORE, MARYLAND 21215-0020	ined by the hospital or attending physician.	Register this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in the burial transit permit. Pages 1, 2, 3 in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	fled at once.
	ificate be executed within 24 hours after death. Page 6 may be retail	physician and completely filled in by the funeral director, page 5 sh me prior to burial, cremation, or removal.	narked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furble filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or oth

Charles	rst, Middle, Last)			H	umphr	ies			2. DATE OF DEATH MONTH	24	YEAR 91	3. TIME OF DEATH 1:43 P
4. SOCIAL SECURITY NUI		5. SEX	8. AGE (In yrs. ie: 54	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	1076	Countr	IPLACE (State or Foreign y) 1., D.C.
9a. FACILITY NAME (If not	institution, give a	treet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	Sept 8.		NTY OF D	
Howard Cou	nty Ger	neral Hos	spital		Col	umb i	ia			Hov	ward	County
RESIDENCE OF DE	10b. COUNT			T 400 00	ry, town o	0.1.0047	1041					10d, INSIDE CITY
Md	PG 's							e IV	aryland			LIMITS?
10e. STREET AND NUMBE		2		DIL	30110		. ZIP CODE		at yrana	10g. CIT	IZEN OF V	WHAT COUNTRY?
1613 Nova	Avenue					2	20743			U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di	Married X	12. WAS DECEDER FORCES? IF YES, GIVE	NT EVER IN U.S. AT 1 TYES 2 T WAR OR DATES 110 15,		H	f yes, sp		n, Mexica	IC ORIGIN? (Specify Y n, Puerto Rican, etc.)	fes or No—	Black	E — American Indian, k, White, etc. Black
15. DI (Specify o	ECEDENT'S EDU	CATION completed)	(0	Give kind of	work done of			g	16b. KIND OF B	USINESS/INI	DUSTRY	
Elementary/Secondary 12th	(0-12)	College (1-4 or 5	+)		l Emp	loye	ee		Postal	Serv	rice	
17. FATHER'S NAME (First,	Middle, Last)				*		16. MOTH	HER'S NA	ME (First, Middle, Maide	en Sumame)		
Isaac Hu	mphries	s, Sr.					Gr	ace	Brown			
19a. INFORMANT'S NAME		_							Noute Number, City or R		p Code)	
Isaac Hump		Jr.						Lan	ham, Md 2			
20s. METHOD OF DISPOS	tion 3 🗆 Ren	novel from State	29b. PLACE of correctors	E AND DAT	or other posterior	destion	(Name:		DATE 20e.	LOCATION -	77.	
4 □ Donation 5 □ Oth 21. SIGNATURE OF FUNE		cenark	_ Lanc	OTU 1	Memor	TST.	O ADORE	tery	3/27 Sud	tland	1, Mc	OF
7	OP	1.)00	100-7	1	13	en	ua	218	- LD0000	LOS	FTU	were At
22 PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	heart failure.	a. Huge	at caused the danse on much lin	wec	all		7/5007/59 0 5		An Cup has cardiac or fee Hear			Approximate Interval Betwo
shock, or IMMEDIATE CAUSE (I disease or condition	heart failure. Final dittons, nediate LYING niury	a. Hypour You	use of sach lin	EQUENCE (OLIS OR):		7/5007/59 0 5		(management)			Interval Betw
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shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list consif any, leading to immouse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LI PART II. Other significances.	heart failure. Final ditions, nediate Lying anjury asst	a. Hypour You be Due You Due You	O (OR AS A CONSE	EQUENCE (OF):	dertyin	g cause s	olie given in	Heen Part I. 24a. WAS PERF	AN AUTOPSY ORMED?		Interval Bety Onset and D WERE AUTOPISY FIND MAILABLE PRIOR TO COMPLETIZION OF CAN
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shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list come if any, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other signification of the cause of the	heart failure. Final ditions, nediate LYING njury AST TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMIN	BICIAN: To the best of	O (OR AS A CONSE O (OR	equence (equenc	OF): OF):	26. Pl	g cause g	given in	Part I. 24a. WAS PERF 1 VES SCR UNIV ORNE) 28d. DESCRIBE HOVE 28d. LOCATION (Size City or Xown, Size to the cause(a) and r time, data and place, WEER	AN AUTOPSY ORMED? 2 HO W INJUSTY OR menner as strend due to 12 29d. DA	241 CCURED or or Plural ated.	Interval Bety Onset and D WESE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH 1 No.



10a. STATE

Maryland

11. MARITAL STATUS

12th

23. PART I. E

IMMEDIATE CAUSE (Final

10e. STREET AND NUMBER

1 Never Married 2 MMarried

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

Arthur W. Hurley

Other (Spe

John Leroi

3 Widowed 4 Divorced

DIRECTO

FUNERAL

BY

COMPLETED

BE

2

P.

Pages 1

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

6724 Parkwood Street

10b. COUNTY

15. DECEDENT'S EDUCATION (Specify only highest grade comple

on 3 🗆

4. SOCIAL SECURITY NUMBER

508-09-7173

Virginia Le Roy Hurley

S. SEX

Prince George's

1 M 2 XXF

CHOSPITAL CENTER

12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 100

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

yrs

2

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

Clerical

20b. PLACE AND DATE OF DISPOSITION (Name

Metropolitan Crematory

4739

Landover Hills

DAYS

CHEVERLY

HOURS

10f. ZIP CODE

20784

8. AGE (In yrs. last birthday)

VDS

75

28 is i Hem

MPORTANT: II

2

MAR 27 '9

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	disease or condition resulting in death)	LS tobay a cong	DEMOCRATIC	miney (e cor
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	elin	n hy	I free
MEDICAL	PART II. Other significant condition	s contributing to death but not	resulting in tha	undarlying cause given in	Part I. 24a. WAS A PERFC
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 EN/Outpatient	3 DOA 4 D	IER: Nursing Home 5 🗆 Residence	6 Other (Specify)
ву РНУ	27. MANUS OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street,	factory, office	261. LOCATION (Stree City or Town, Stell
E COMPLE	CHOCK UNITY	ICIAN: To the best of my knowledge, o			e time, data and place,

32. REGISTRAR'S SIGNATURE

Randopp

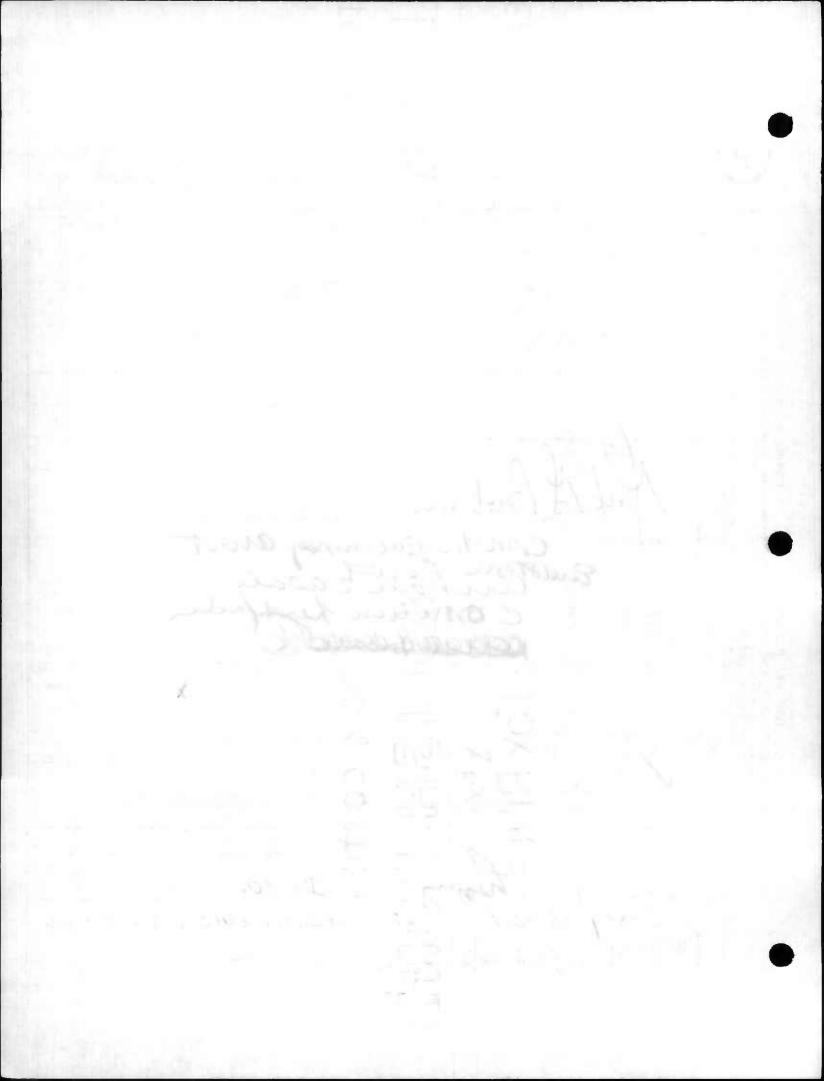
10

2. DATE OF DEATH 3. TIME OF DEATH 1991 March 25. 08:25 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Morith, Day, Yea Aug. 13, 1915 Nebraska 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE'S 10d, INSIDE CITY TYTYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or 14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 XXIO Specify: Specify: Caucasian 16b. KIND OF BUSINESS/INDUSTRY Union Station 16. MOTHER'S NAME (First, Middle, Maiden Surname) Helen (unavailable) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6724 Parkwood Street, Landover Hills, Md. 20784 28c. LOCATION — City or Town, State OATE 03 + 28 - 91Alexandria, Virginia GASCH'S SONS FUNERAL HOME 20781 Baltimore Ave., Hyattsville, Md. complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, ck, or heart failure. List only one cause on each line.

USE (Final dition CANOLO Julming Men Interval Between Onset and Death N AUTOPSY 24b. WERE AUTOPSY FINDINGS AMJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number, or as stated. nd due to the cause(s) and manner as stated 29d. DATE SIGNEO (Month, Day, Year)

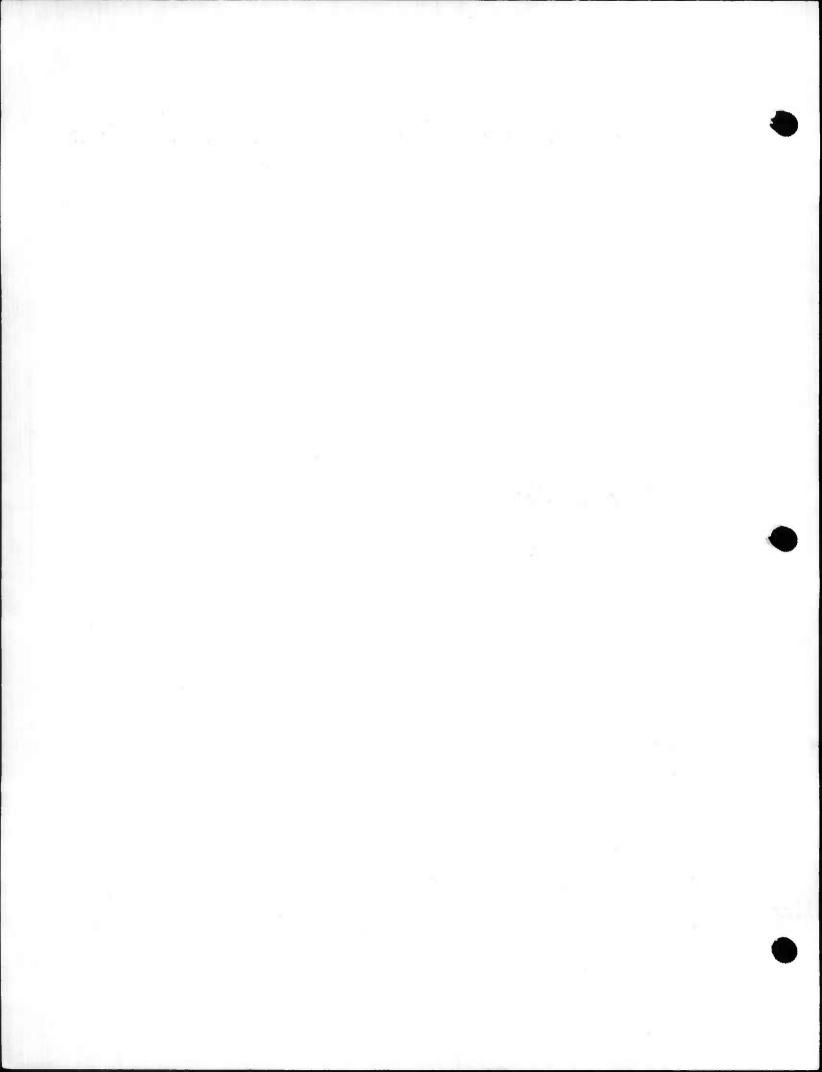
GREENBELT #413 COLLEGE Park Mid.



6	1. DECEDENT'S HAME (EST.	erth	a ling	VIRGIN	Hari			3	24	-9/	YEAR	5 25 A
1	579 34 5378	3	s. sex 1 □ M 2 □ F	6. AGE (In yes. 79	inst birthday) YRS.	MONTHS DAYS	OR LOCATION OF D	Sep	ор витти 5. Опу. Warr) 6, 19		Country /irg	ginia
DIRECTOR	1219 QUO	AVENU	E			CAPITO	L HEIGHT					GEORGES
100	MARYLAND	PRINC	E GEORGES	3	1070	ITOL HEI				Tue outs		10d. INSIDE CIT LIMITS? 1 X YES 2 VHAT COUNTRY?
FUNERAL	1219 Quo Av	enue					20743			UNIT	ED	STATES
BY	1 Never Married 2	11. MARETAL STATUS 1 Never Married 2 Married 2 Married 3 Widowed 4 Divorced					CENDENT OF HISPA pacify Cuben, Mexic S 2 X NO Speci	an, Puerto	f7 (Specify Yei Ricen, etc.)	294,0712 000 115		The same of the sa
LETED		EDENT'S EDL y highest grack 1-12)		•)	(Give kind of the Do MOT u	22234		164		ISINESS/INDU		
COMPL	17. FATHER'S NAME (First, M BILL GAINE				DOMES	FIC	18. MOTHER'S N. HATTI		THE RESERVE OF THE PERSON NAMED IN	TE CLE	ANI	NG
TO BE	PHYLLIS LUC	ype/Print)	(DAUGHTE	ER)			and Number or Russi nue, Cap	Route Num	ber, Dily or Re)
	20s. METHOD OF DISPOSITI	on 3 ☐ Flen	novel from State	other	v place)	THE PROPERTY OF	CEMETERY	,	1000000	TLAND		ARYLAND
	///		11.	0-		ALE	KANDER S.	POP	E FUNE	CRAL H	OMI	E
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure.	List only one can	use on each I	ine.	261 not enter the m	XANDER S. 7 Pennsyl node of dying, sur	vani	a AVer	nue, SE	DC	
ERTIFICATION	shock, or h IMMEDIATE CAUSE (Fin disease or condition	eart failure.	List only one can DUE TO DUE TO	use on each I	death. Do	261. not enter the m Clindic	7 Pennsyl	vani	a AVer	nue, SE	DC	20020 Approxir
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MEDICAL	shock, or he immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other significations.	eart failure.	DUE TO B. DUE TO C. DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONC.)	death. Do line.	261 not enter the m Conductory: OF): in the underlyi	7 Pennsyl rode of dying, su OV BOLAL ng cause given in	Vani ch as car (/ 64	a AVendiac or resp	N AUTOPSY	DC st,	Approxition of the process of the pr
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BY PHYSICIAN: MEDICAL	shock, or he immediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS PART II. Other signification in the cause in th	eart failure. sal lons, diate ING ary st	DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO	O (OR AS A CON O (OR	death. Do line.	261 not enter the m Conductory: OFJ: OTHER: 4 Nursing No. 8 ME OF 286. 8 SURY 286. 8	PLACE OF DEATH (Comments in The Middle Comments Part I.	24s. WAS AN PERFO	N ALTOPSY RMED? 2 HO	DC st,	Approxit Interval Onset as WERE AUTOPSY AMALARIE PRIO COMPLETION OF DEATHY 1 YES 2	
BY PHYSICIAN: MEDICAL	shock, or he immediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or injuthat infliated events resulting in death) LAS PART II. Other signification in the cause. Enter Underlying in death) LAS PART II. Other signification in the cause of the cau	eart failure. pal ions, diate ING any of the ING any of the ING and the ING and the ING and the Ing Investigation Could not be determined intrinsed provided interpretable in the Ing Investigation Could not be determined interpretable in the Ing Investigation Could not be determined interpretable in the Ing Investigation Could not be determined interpretable in the Ing Investigation Could not be determined in the Ing Investigation Could not be determined in the Ing Ing Ing Ing Ing Ing Ing Ing Ing Ing	DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO	D (OR AS A COND D (OR AS A CON	death. Do line.	261. not enter the m Conductory: OFJ: OFJ: OTHER: 4 Nursing No. ME OF SUURY M 1 utreet, factory, of	PLACE OF DEATH (Community at York? I YES 2 100	Theorem only on the care on the care only on the care only on the care on the	24a, WAS AN PERFO	N AUTOPRY RIMEOT 2 PM OCCU	DC st,	Approxit Interval Onset as Onset as American Autopsy American Emilio Completion of Deaths 1 Yes 2
PHYSICIAN: MEDICAL	shock, or he immediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or injuthat infliated events resulting in death) LAS PART II. Other signification in the cause. Enter Underlying in death) LAS PART II. Other signification in the cause of the cau	eart failure. sal iona, diate ING ING ING INC INC INC INC INC INC INC INC INC INC	DUE TO B. DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO	D (OR AS A COND D (OR AS A CON	death. Do line.	261. not enter the m Conductory: OFJ: OFJ: OTHER: 4 Nursing No. ME OF SUURY M 1 utreet, factory, of	PLACE OF DEATH (Community at York? I YES 2 100	Part I. Check only of 28st. DE 28st. LOGO	24a, WAS AN PERFO	N AUTOPRY PRIMEOT 2 AND AUTOPRY PRIMEOT 2 AND AUTOPRY OCCU	DC DC St. 24b.	Approxit Interval Onset as Onset as American Autopsy American Emilio Completion of Deaths 1 Yes 2

Julia Davidson-Randall

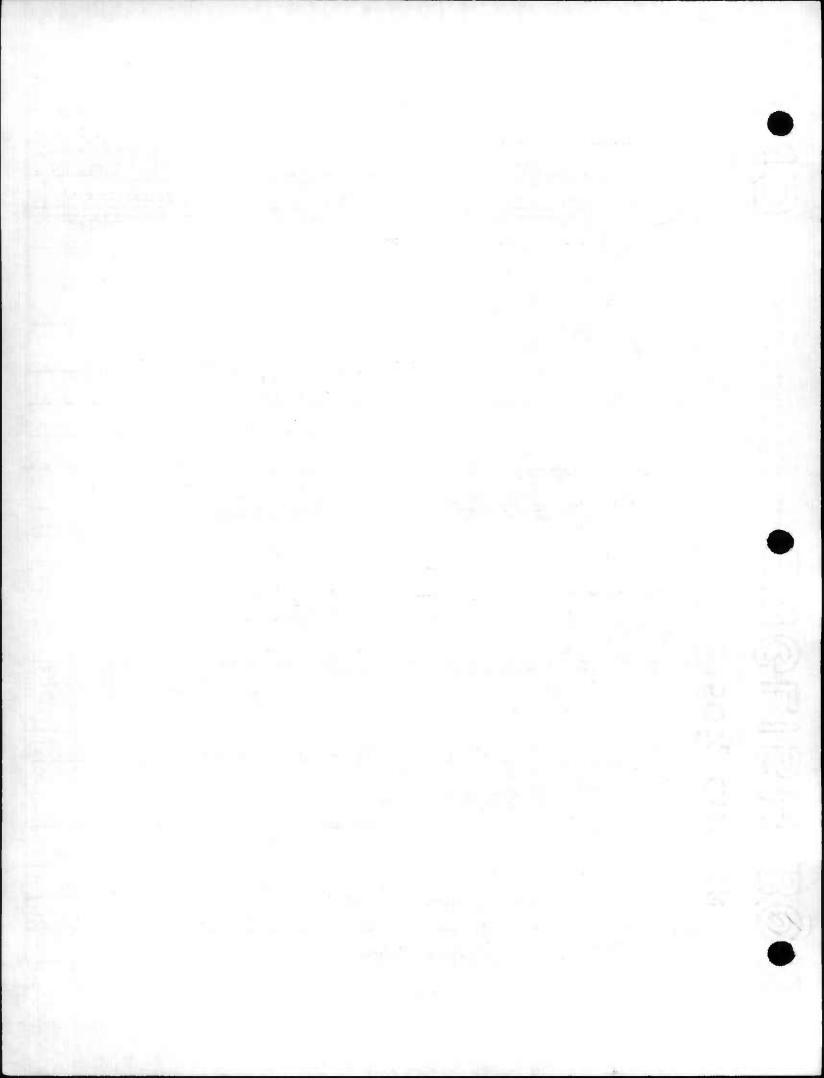
MAR 26 '91



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MA	RYLAN	D / DEPART					MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, FRAN	K	MORAN		HARR	ISON				2. DATE OF OEATH DA MONTH DA March 19		EAR	3. TIME OF DEATH 6:03 a M
4. SOCIAL SECURITY NUMB 578-16-8987		5. SEX 6.	69	rs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec/6/1921		Country)	Lace (State or Foreign)
90. FACILITY NAME (If not interest Doctors Com	munity					nhan		ON OF DI	EATH	9c. COUNTY Prin		George's
RESIDENCE OF DEC 10a. STATE MD	10b. COUNTY			220		R LOCATI	ON					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Anne A		- 1.1	Loth	nian		ZIP CODE	:		30011	_	1 YES 2 X NO
220 Waysons 11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor	Merried	COURT 12. WAS DECEDENT F FORCES? 1 D IF YES, GIVE WAF WW. I	YES :	2 NO	- 91	WAS OECE	cify Cube	n, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	OF NO 14.	RACE Black, Specify	- American Indian, , white, etc.
15. OECI (Specify only Elementary/Secondary (0	EDENT'S EDUCA highest grade oc	TION empleted) College (1-4 or 5+)	\dashv	(Give kind of w life. Do NOT use	USUAL Or ork done o retired.)	CCUPATIO during mos	N t of workin	10	16b. KIND OF BUS			
17. FATHER'S NAME (Flist, Mi Frank Harri			l p	ainter		77.			CONSTRUC		ndu	ıstry
190. INFORMANT'S NAME (7) Mary Harris	rpe/Print)						nd Number	or Rural	t Newman Route Number, City or Tow urt Lothia			1
20a, METHOD OF DISPOSITION 1 W Buriel 2 Cremetion 4 Donetion 5 Other	n 3 🗆 Remov	al from State		LACE AND DATE	or other p	osition laçe) LLON	(Name		3/23/91	cation – chy Suitla	or Tow	wn, State MD
21. SIGNATURE OF FUNERAL	L SERVICE LICEI	Nagon	n						helm Funer land 20746	al Hom	e,	Inc
iMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition and its condition and its condition and its cause. Enter UNDERLY! CAUSE (Disease or injust initiated events	eart failure. Li	DUE TO (C	PR AS A CO	onsequence of the policy of th	m c		ry	f di	west all Inf	encti	on	Approximate interval Betwee Onset and Deal
PART II. Other algoritical	d.	ot Co	eath but		1 2	nderlying		given in	Part I. 24a. WAS AN PERFO!	RMED?	24b.	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHE	R:			heck only one)			
27. MANNER OF DEATH 1 Netural 6 2 Accident	Pending Investigation	28e. DATE OF It (Month, Day)	(JURY , Year)	28b. TIM INJ	E OF URY M	28c. INJ WO 1 🔲 1	URY AT RK? 'ES 2 [6 Other (Specify) 28d. OESCRIBE HOW 28i. LOCATION (Street			loute Number.
4 Homicide	Could not be determined	building, et			ad at the	time data	and also	and do	City or Town, State,			
CONSTRUCTION OFFI	ICAL EXAMINER	-					eath occu		time, date and place, as	nd due to the c	:ause(e)) end manner as stated. (Month, Day, Year)
30. NAME AND ADDRESS O	(nu	COMPLETEO CAUSI	OF DEAT	M (ITEM 27) (Type	Print)	0.00	Do	1-20	549	▶ 3	-	20-91
G. M. Dil	V, M.	32. REGISTRAR	10	Keni	lwe	orth	A	e,	Kiverd	ile M	0	20737
MAR				idson Ran	de 92_							



	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		
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3	er th	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Mic Michael	ddle, Last)	Vernon			Hubb	ard		2, DATE MONTH	OF DEATH D	AY 9 1	YEAR	3. TIME OF DEATN 11:30
4. SOCIAL SECURITY NUMBER 213-08-4785		5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month)	Day, Year)	59	Count	HPLACE (State or Foreign) Tyland
9a. FACILITY NAME (# not institu	ition, give stre	net and number)			9b. CITY, 1	TOWN O	R LOCATION OF D			_	UNTY OF E	-
ELCORN LAKE					COL	UMB	IA			HC	WARD	COUNTY
RESIDENCE OF DECED	DENT			10c CIT	Y, TOWN OR	RIOCAT	ION					10d. INSIDE CITY
Maryland	Carr	oll			ampst							LIMITS?
10e. STREET AND NUMBER					on to be		. ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?
1411 N.Main S	treet	:					21074	1			U	J.S.A.
11. MARITAL STATUS 12. WAS DECEDENT EVEL FORCES? 1 X YE IF YES, GIVE WAR OF							ENDENT OF HISPAI ecify Cuban, Maxico 2 NO Specifi	an, Puerto F		a or No—		
	ENT'S EDUC			CEDENT'S	USUAL OCC	CUPATIO	ON	16b.	KIND OF BU	SINESS/IN	DUSTRY	MILEC
(Specify only hig Elementary/Secondary (0-12)	-	College (1-4 or 5 +	(Gi	ve kind of	work done du se retired.)							
12th grade		3-1-40-01		Carp	enter				Coli	ımbia	Ass	SQC.
17. FATHER'S NAME (First, Middle							16. MOTHER'S NA		fiddle, Malden			
George W. Hu	abbard	l					Claudi	a Wa	lter			
19a. INFORMANT'S NAME (Type) Betty Ann Hub							in Stree					21074
29a, METHOD OF DISPOSITION	3 Remor	val from State	20b. PLACE	AND DAT	E OF DISPO	SITION	(Nama	DAT	20c. LC	CATION -	- City or T	own, Stata
	1 Burial 2 Cremation 3 Removal from State							4-2	4-2 Reisterstown, M			m. Md.
21. SIGNATURE OF FUNERAL S	ERVICE LICE				22. N	NAME AN	ND ADDRESS OF FA		Eline		eral	Home
23. PART I. Enter the diseashock, or hear	eses, or co). Eli	ic caused the de	ath. Do	22. N 93	34 S	. Main S	Stree	Eline t, Har	npste	eral ead,	Md. 21074
▶ Stevel 23. PART I, Enter the dise	eses, or co	omplications the let only one cau	ic caused the de	ath. Do	93	34 S	. Main S	Stree	Eline t, Har	npste	eral ead,	Home Md. 21074
23. PART I. Enter the disease or condition resulting in deeth) Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	eses, or cort fellure. L	DUE TO	t caused the de ise on each line	ouence o	22. N 93 not enter t	34 S	. Main S	Stree	Eline t, Har	npste	eral ead,	Md. 21074
23. PART I. Enter the disease or condition resulting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	eses, or corn to fellure. L	DUE TO	t caused the de se on each line OR AS A CONSECTION AS A CONSE	OUENCE C	22. N 93 not enter t	34 S	ND ADDRESS OF FA	Stree	Eline t, Har	npste	eral ead,	Home Md. 21074 Approximate interval Bette Onset and E
23. PART I. Enter the disease or condition resulting in deeth) Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	eses, or corn to fellure. L	DUE TO	t caused the de se on each line OR AS A CONSECTION AS A CONSE	OUENCE C	22. N 93 not enter t	34 S	ND ADDRESS OF FA	Stree	Eline t, Har	N AUTOPS'S	eral ead,	Md. 21074
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23. PART I. Enter the disease or condition resulting in deeth) Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent 25. WAS CASE REFERRED TO MEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per	eses, or controller. L	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO 200. DATE OF THE PROPERTY OF THE PROPE	t caused the dese on each line (OR AS A CONSECTION OR AS A CONSECTION OR AS A CONSECTION OR AS A CONSECTION OR AS A CONSECTION OF THE CON	DUENCE COUENCE	22. N 93 not enter t F): OF): OTHER 4 Nursi	the modernyling	DADDRESS OF FA	heck only or	24a. WAS AI PERFO	N AUTOPSTANMED?	eral ead, prest,	Approximate Interval Batt Onset and E Onse
23. PART I. Enter the diserance, or hear immediate Cause (Finel disease or condition resulting in deeth) Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inv.	eses, or controller. L	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	t caused the dese on each line (OR AS A CONSECTION OF AS A CONSECTION	DUENCE COUENCE	22. N 93 not enter t DF): In the unc	the modern the modern	DADDRESS OF FA	heck only or	24a. WAS AI PERFO	N AUTOPST RMED? 2 NO DROW and Numby	eral ead, wrest,	Approximate Interval Batt Onset and E Onse
23. PART I. Enter the disease or condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition from the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Per Lackdent 3 Suicide 6 Con	eses, or controller. L	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	t caused the dese on each line (OR AS A CONSECTION OF AS A CONSECTION	DUENCE COUENCE	22. N 93 not enter t DF): In the unc	the modern the modern	DADDRESS OF FA	heck only or 28d. Det	24s. WAS AI PERFO	N AUTOPSI RMED? 2 NO	eral ead, arrest, arre	Approximate interval Battonset and E Onset
23. PART I. Enter the diseasock, or hear immediate cause. (Finel disease or condition resulting in deeth) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Leading in Natural 5 Per Leading in Matural 5	eses, or control feliure. L	DUE TO DUE TO	t caused the dese on each line (OR AS A CONSECTION OF AS A CONSECTION	DUENCE COUENCE	22. N 93 not enter t PF): In the uncountry OTHER 4 Nursi	derlying 26. Pt 1 Sec. Pt 27. Corrections 28. Correct	g cause given in LACE OF DEATH (C TO Residence SURY AT SURY	heck only or 28d. Det SUE 281. LOC City Life	24a. WAS AI PERFO (C) TES (C	N AUTOPSI RMED? 2 NO PROW and Numb CORN	eral ead, arest,	Approximate interval Battonset and E Onset
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1 - STATE REGISTRAR	STATE OF MARYLAND		E OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	ANN	HARI	RINGTON	2. DATE OF DEATH MONTH 3 - 31-	9 YEAR 1230 A			
212-28-833	5. SEX 6. AGE (In yrs. la	YRS. IF UNDER	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		6. BIRTHPLACE (State or Foreign Country) NEW JERS			
9a. FACILITY NAME (If not institution, give :	DIE BRAE	RD 5	THES VIZ		CALROLL			
10a. STATE 10b. COUNT	REOLL	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 11. MARITAL STATUS 1 Namer Married 2 Married	E BRAE Rd	,	21784		CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify		- 14. RACE — American Indian, Black, White, etc. Specify:			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	completed) ((e. Do NOT use retired.)	during most of working	16b. KIND OF BUSINESS	1			
	D PATIFU	BURG	18. MOTHER'S NA	ME (First, Middle, Maiden Surnan	ighouse			
19a. INFORMANT'S NAME (Type/Print)	CRINGTON "	bb. MAILING ADDRES	S (Street and Number or Rural I	Route Number, City or Jown, State RUSKESU 1	, Zip Code) 264 140 21784			
20e. MS HOD CT SPOSITION 1 Burlel 2 Cremetton 3 Ren 4 Denetlon 6 Other (Specify)	20b. PLACE	OF DISPOSITION (Notace)	ame of cometery, cremetory or	20c. LOCATION	I — City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LI		22.	NAME AND ADDRESS OF FA		SUILLE, MO. 278			
Sequentielly list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI DUE TO (OR AS A CONSI DUE TO (OR AS A CONSI DUE TO (OR AS A CONSI C. DUE TO (OR AS A CONSI d.	SCLEZ EQUENCE OF): 215M EQUENCE OF):	ROTIC CA	2 DIGVAS	Interval Betwonset and Dr			
PART II. Other algnificant condition	ne contributing to death but not	reculting in the U	nderlying ceuse given in	Part I. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSI			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			26. PLACE OF DEATH (Ch	eck only one)				
1 YES 2 NO	HOSPITAL: 1 inpetient 2 ER/Outpetient		rsing Home 5 - Residence	11 11				
2 Accident Investigation	(Month, Day, Year)	B. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 28c. INJURY AT WORK? 1 YES 2 NO B. PLACE OF INJURY — At home, farm, street, factory, office			28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Bural Route Number,			
3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	building, atc. (Specify)	tome, farm, street, fac	ctory, ornes	City or Town, State)	moer or riural Houte Number,			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BCIAN: To the best of my knowledge, of ER: On the bests of axamination and/o							
8	A							
29b. SIGNATURE AND TITLE OF CERTIFIED 20. NAME AND ADDRESS OF PERSON W	Weller	M.I	29c. LICENSE NUI	MBER 29d. ►	3-31-91			

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and the second address of the minimum building and completely mind in by the latter and the second to demand the second to the s		r item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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100	State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	48
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leet)	,	CERTIF				REG. NO	D.	3. TIME OF DEATH
	AMANDA P.	HUNGERFO	ORD				MONTH 4	DAY 9	(EAR 11:15 AM
N	The state of the s	SEX 8. AGE (in yrs	s. lest birthday)	IF UNDER 1	-	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pay, Year)		BIRTHPLACE (State or Foreign Country)
V	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY,	TOWN OR	LOCATION OF DE	ATH STATE	9c, COUNT	Y,OF DEATH
E.	Home 2006 Lexi	ngton Aug		Ha	985	stown)	Was	shington
DIRECTOR	10a. STATE 10b. COUNTY	7	18e. CIT	Y, TOWN OF	LOCUTIO	N			10d. THISIDE CITY
		ungton	+	agas	310	00			1 X YES 2 - NO
FUNERAL	100. STREET AND NUMBER 2006 Lexing to	o Aug		5	10000	1741		10g. CITIZE	N OF WHAT COUNTRY?
CNE	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S	. ARMED		AS DECEN	DENT OF HISPAN	NIC ORIGIN? (Specify Y	ea or No— t	4. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			YES 2		n, Puerto Rican, etc.) y:		Specify:
G	15. OECEOENT'S EOUCAT	ION 16s	. OECEOENT'S			newstr.	16b. KIND OF B	USINESS/INDU	STRY
Ш	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.)	uring most	of working			
COMPL	0 yrs.		N/A	1				N/A	
	17. FATHER'S NAME (First, Middle, Lest)						ME (First, Middle, Maide		
B B		Hungerford				Valer			ttaker
10	19a. INFORMANT'S NAME (Type/Print) Chris E. Hungerfo	ord	the second section is		200		Route Number, City or R Iagerstown		land 21740
	20a. METHOD OF DISPOSITION		ACE ANO OAT	E OF OISPO	SITION (A		-		ty or Town, State
	1 № Burial 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)		 Paul 	s Cem	eter	У	Cl	earSpr:	ing, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. N	NAME ANO	AODRESS OF FA	CILITY	606 BO	onsboro Pike
No.	Douglas A. Fier	CV / Orundon do	Y Zin	, F	Rast	Funeral			ro, Maryland
5	23. PART I. Enter the diseases, or com		a death. Do						
	ahock, or heart failure. Lia iMMEDIATE CAUSE (Final disease or condition	t only one cause on each	iina.	1	100	m.			Interval Between Onset and Death
avent,	resulting in death) a	DUE TO (OR AS A CO	NSEQUENCE (OF):	100				5 1110
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE (OF):				<u> </u>	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initieted eventa resulting in death) LAST	OUE TO (OR AS A CO	NSEQUENCE (OF):					
S	d								
MEDICAL	PART II. Other aignificant conditions of	contributing to death but r	not reculting	in the un	deriying	ceuse given in	Part I. 24a. WAS PERF	N AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (C/	neck only one)		
SC	EXAMINER?	IOSPITAL:	nt 3 🗆 DOA	OTHER			6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TI	1	28c. INJU	RY AT	26d. DESCRIBE HOV	V INJURY OCCU	JREO
BY F	1 Natural 5 Pending 2 Accident Investigation			М		S 2 NO			
0 2	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	atreet, facto	ory, offica		261. LOCATION (Stree City or Town, Str	et and Number o	r Rural Route Number,
LET TET	29s. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledg	se death secur	rad at the st	me data -	nd place and do	to the causelet and a	nenner pe etric	
	one)								cause(s) and menner as stated.
_	SHATURINA THE OF CERTIFIER					29c. LICENSE NU	MBER	29d. DATE	SIGNED Month, Day, Year)
	(D) dben.	HD				D395	175	P 1	1891
일	30, NAME AND ADDRESS OF PERSON WHO	SOMPLETED CAUSE OF DEATH	(ITEM 27) /Tur	Drint)	_	21	- 1		12/11

MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 22 S. Greene

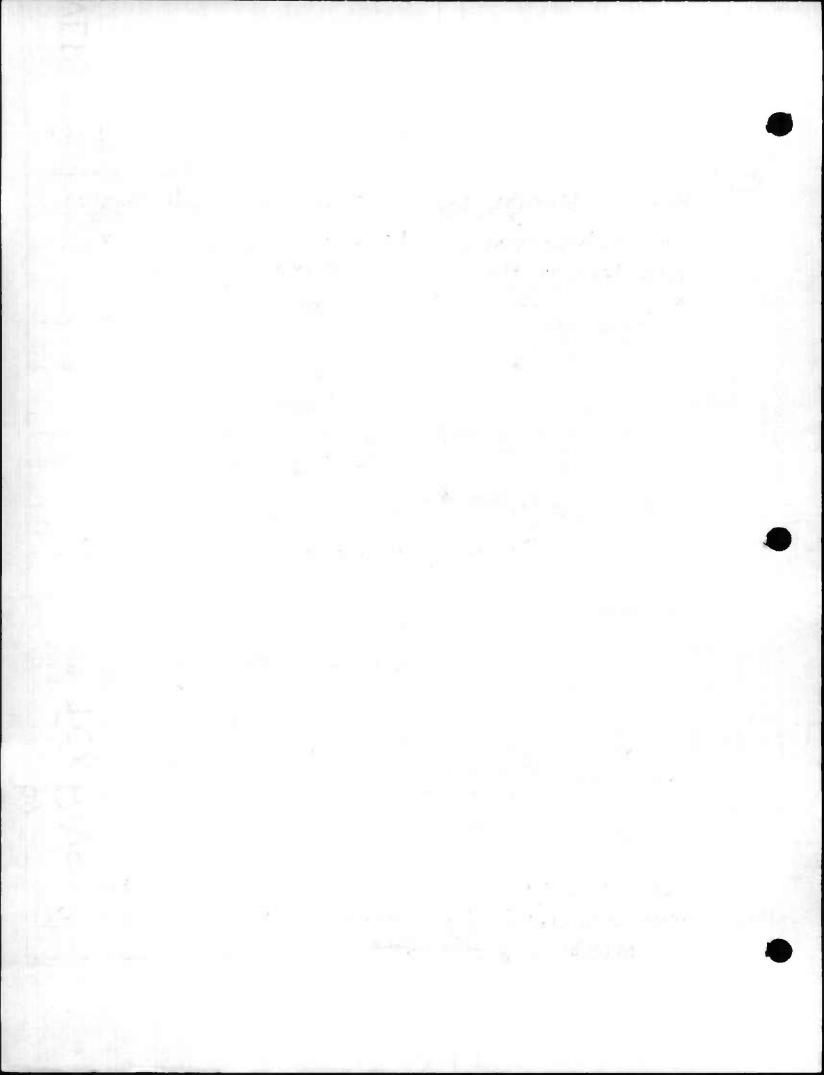
32. REGISTRAR'S SIGNATURE

Julia Davidson-Randala

- Randelle

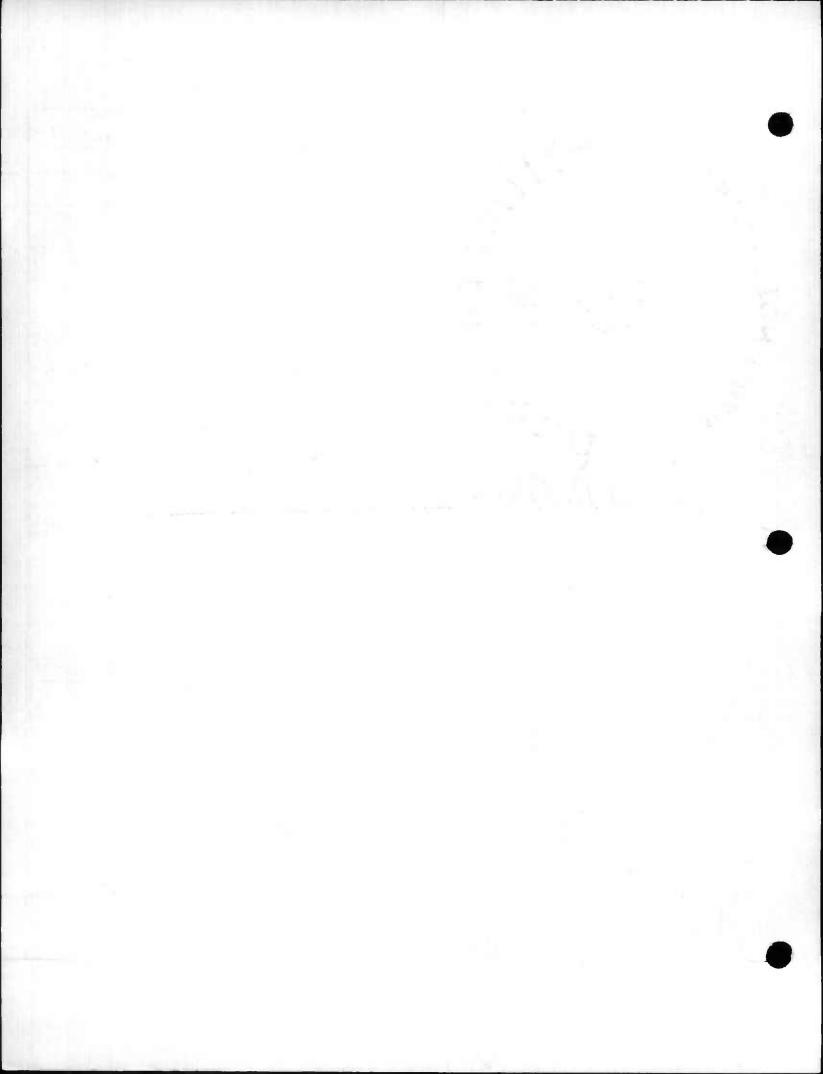
(Month, Day, Year)
APR 0 9

'91



DHMH-15 Rev 1/89

		FOR - STATE REGISTRAR	STATE OF MARYLAND C	/ DEPARTMEN			MENTAL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME First ANGEN, Land	Hercher				April 6,	1991	EAR	TIME OF DEATH
(D)		215-26-2175	8. AGE (In yrs. le	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	NOV. 5, 19	15 P	country) ennsy	ylvania
2 should	CTOR	Washington County Fresidence of Decement		9b. Cf		r location of de	ATN	Was	hing	
Pages 1,	DIREC	10a. STATE 10b. COUNTY	ington	10e. CITY, TOWN	or Locat					LIMITS?
nsit permit.	ERAL	100. STREET AND NUMBER 1101 Oak Hill Aven		•		21740		110000	JSA	T COUNTRY?
3146 fing physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 1 12 YES 2 I IF YES, GIVE WAR OR DATES		If yes, spe		IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No— 14.	Black, WI	American Indien, hite, etc. white
21203-3146 pital or attending physical for use as the burial	COMPLETED	40	mpleted) (DECEDENT'S USUAL (Give kind of work doing) to NOT use retired	ne during mo 1.)		hardwoo			co.
YLAND 21; d by the hospital of ld be detached for d at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) Davis Watson Fletc				Julia F	ME (First, Middle, Melden 'rary	Surname)		
E, MARYL ay be retained by page 5 should be	101	Alice Virginia Fl	etcher	1101 Oak	Hill	Avenue	Hagerstov		rylan	
O B. O B. octor,		20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove Limitation 5 Other (Specify)	Rose	e of disposition place) Hill Cen	etery	7	Hage	erstown	n, Ma	aryland
BALTIM ter death. Pag the funeral dir wal.		Sereld N. 1	Minuch	F	unera	NO ADDRESS OF FA N. Minn al Home	Hage	erstown	n, Ma	Street aryland
by withinours after oppletely filled in by the cremation, or removal.		23. PART I. Enter the diseases, or cor shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in desth) a	callonia couse on each line	respire			RESU	iratory erres	t,	Approximete interval Between Onset and Death
4 B 2 . 9	NO	Sequentially list conditions, b.	PERITO OR AS A CONS	1.77	SCCO	WOON	1 70			
BOX icate be ophysician to prior to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	PRAVE J	V	ILER				
death c attendi		resulting in death) LAST	RCNOT 1	171W14	, , , , , , , , , , , , , , , , , , ,	a sous street le	Part I. 24s. WAS AN	U ALITOREV	T 245 148	ERE AUTOPSY FINDINGS
RECORE requires that son signed by of Health an	PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but no	t resulting in the	Underlyin	g causa given in	PERFO	RMED?	AM CC OF	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
ITAL N: The lan icate has State Deg	SICIAN		HOSPITAL:		IER:	LACE OF OEATH (Ch	8 Other (Specify)			
	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	REO	
ISIO TTENDI TTEN	ED	3 Suicide 6 Could not be datermined	26s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	factory, offic	co	281, LOCATION (Street City or Town, State	end Number or	Rural Roul	le Number,
DIVI HOSPITAL OR AT FUNERAL DIREC WITHIN 72 hours	COMPLET	Conect carry	AN: To the best of my knowledge, On the basis of examination and/							ind manner as stated.
TO THE HOSPITAL OF TO THE FUNERAL DE DE filed within 72 ho	TO BE	AND TITLE OF CERTIFIER	ER			29c. LICENSE NU	MBER U43	29d. DATE !	GIGNED IM	forth, Day, Year)
		Dwight L. Woos				lagerstow	n, Marylan	id 21	740	
		31. DATE FILED (Month, Day, Year)	ter 1799 H 32. REGISTRAR'S SIGNATURE Julia David	loon Pandal	2					



FUNERAL DIRECTOR

BY

COMPLETED

BE

9

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

: After this certificate has been r death with the State Dept. of is marked, or item 23 sh

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If Ifem 28 Is m

1. DECEDENT'S NAME (First, Middle, Last)

15. DECEDENT'S EDUCATION

(Specify only highe

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

190. INFORMANT'S NAME (Type/Print)

20a, METHOD OF DISPOSITION
1 (X Burlel 2 | Cremation 3 | Re
4 | Donation 5 | Other (Specify) |

IMMEDIATE CAUSE (Finel

disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

25. WAS CASE REFERRED TO MEDICAL

5 Pending

8 Could not be determined

1 X YES 2 | NO

27, MANNER OF DEATN

1 Antural

2 Accident

3 Suicide

4 Homicide

resulting in deeth) LAST

Howard Pitts

William H. Hawkins

21. SIGNATURE OF FUNERAL SERVICE LICENSE

relence

FOR STATE REGISTRAR

Linda

3. TIME OF DEATN

N.

1 YES 2 NO

Approximate

Interval Between

Onset and Death

Specify: Black

A

6:30

8. BIRTNPLACE (State or Foreign Country)

Enfield,

Prince Georges

91

9c. COUNTY OF DEATH

					TACTAL	d balada da	,	
4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.
XXXX 241-1	7-3751	1 🗆 M 2 💢 F	28	YRS.	MONTHS	DAYS	HOURS	MIN.
9e. FACILITY NAME (# not in	stitution, give a	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF
Prince George	rges G	eneral H	ospital		Che	verl	y	_
10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION	
Maryland		PG		C	heve	rly		
10e. STREET AND NUMBER						10	f. ZIP COD	E
6700 W. Fo:	rrest	Rd.					2078	5
11. MARITAL STATUS 1 Never Married 2			NT EVER IN U.S. I YES 2 WAR OR DATES			If yes, sp	CENDENT Coperation Country Cube	ın, Mexi

College (1-4 or 5+) 2

Ann

10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE --- American Indian, Black, White, atc. NISPANIC ORIGIN? (Specify Yes or No-

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

(Month, Day, 10al) 4-29-62

3

OF DEATN

16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Computer Operator Federal Government

> Reather Conyer Austin

16. MOTNER'S NAME (First, Middle, Maiden Surname)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6700 W. Forrest Rd., Cherverly, 20785 Md.

20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State Lincoln Memorial Cem. 3/20 Suitland PG. 22. NAME AND ADDRESS OF FACILITY

Plunkett Funeral Home 2504 28th Steret. N. 23 PART /. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Hawking

ahock, or heart failure. List only one cause on each line. FATTY LIVER COMPLICATING MORBID OBESITY

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 □ NO 1 YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

3-14-1991

26. PLACE OF DEATN (Check only one) ng Home 5 🗆 Residence 8 🗆 Other (Specify)

281, LOCATION (Street end Number or Rural Route Number, City or Town, State)

1 Inpatient 2 ER/Outpatient 3 I DOA 4 🗆 N 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY 1 YES 2 NO

OTHER:

29e. CERTIFIER

(Chack and 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end manner as stated.

28e. PLACE OF INJURY --- At home, farm, street, factory, office building, atc. (Specify)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

Donald & Wright MD 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

111 Penn St. Baltimore, 21201

29c. LICENSE NUMBER

O.C.M.E.

31. DATE FILED (Month, Day, Year) MAR 18 '91

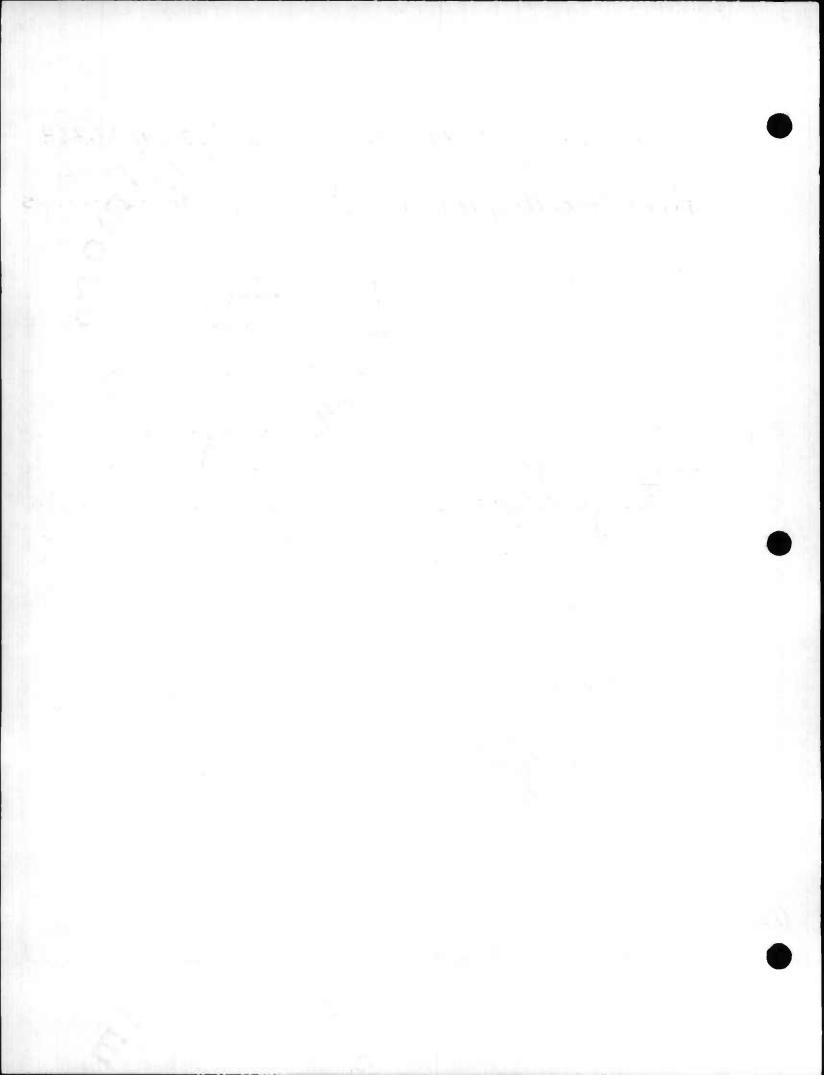
DOME

DONALD G. WRIGHT MD

296. SIGNATURE AND TITLE OF CENTIFIER

Sulia Savidson Randall

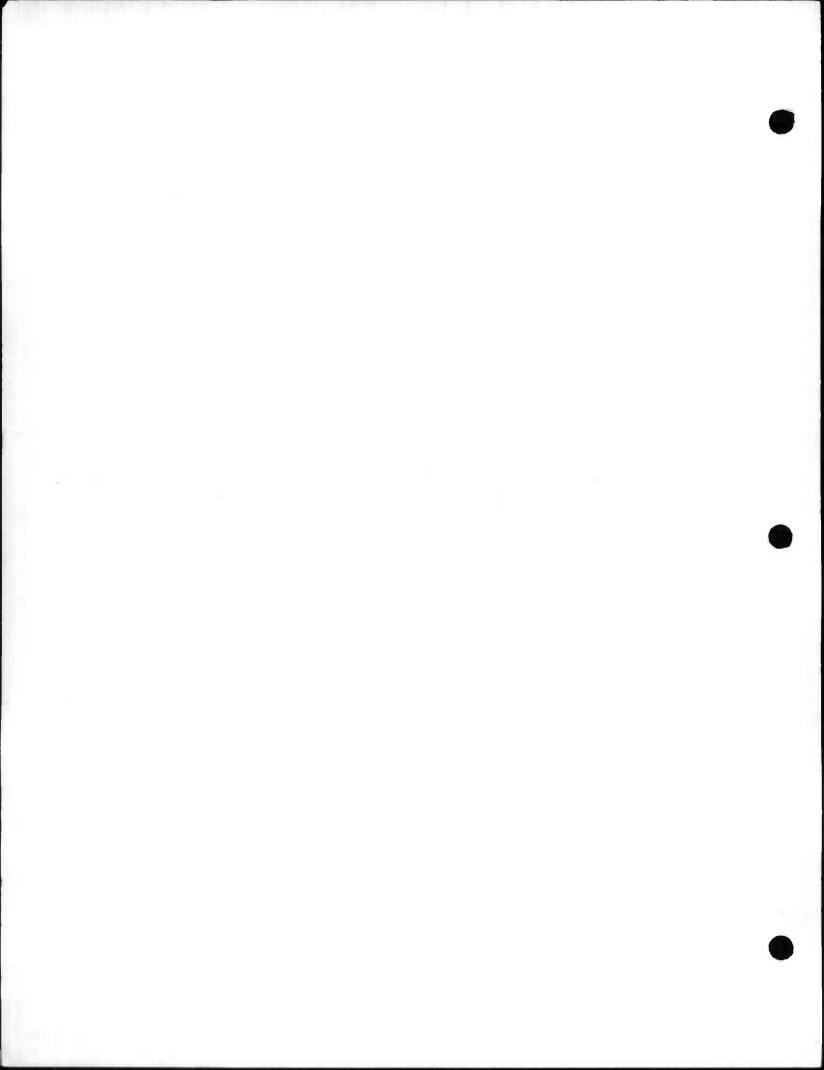
		FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	\	1. DECEDENT'S NAME (F)/SI, MIGGIO, LASI) AUGHES 2. DATE OF DEATH MONTH DAY 12:28 AM 21:28 AM
(P)	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yis: last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 7
1	/	035-10-9622 1 M 2 X F 74 YRS. MONTHS DAYS HOURS MIN. June 3, 1916 Massachusetts 99 FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN PR LOCATION OF DEATH 90. COUNTY OF DEATH
23 . 1	HO	Prince Geo. Hospital CtR. Chevenly Prince George
	DIRECTOR	THE SIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
permit. Pages	- 1	Maryland Prince Georges Capital Heights 1 □ YES 2 및 NO
sit per	RAL	100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF WHAT COUNTRY? 20743 U.S.A.
physician. burial-transit	FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Reck. White str.
attending physician. se as the burial-tran	BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White
use as	9	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
0 -	PLET	Elementary/Secondery (0-12) College (1-4 or 5 +) 12 houseWife Own home
the hospital detached fo	COMPL	12 NOUSEWITE ()Wn home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
8 & 6 A	BE (Frank Castiglioni unknown 196. INFORMANT'S NAME (Nype/Print) 196. MAILING ADDRESS (Street and Number or Fural Flouris Number, City or Town, State, Zip Code)
s should notified	2	196. INFORMANT'S NAME (Type/Print) Charles F. Hughes 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 520 Balboa Ave. Capital Heights, MD. 20743
6 may be actor, page must be		20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State
dire dire		4 Donation 5 Other (Specify) Cedar Hill Cemetery 3/15/91 Suitland, MD, 20746 21. SIGNATURE OF FUNERAL SERVICE LICENSES
funera xami		Robert E. Wilhelm, Inc. Suitland, MD, 20746
after by the emova		23. PART I. Enter the disasses, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.
filled in on, or r		IMMEDIATE CAUSE (Finel disease or condition Parama and Service
d within ompletely 1, cremati event, t		resulting in death) s. Due TO/OR AS A CONSEQUENCE OF:
executed within and completely to burial, crema imatic event,	N	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leafer IMDERIVATE CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
e be ex sician a rior to traum	CATION	Cause. Errar UNDERETING
ertificati ng phys giene p other	ERTIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):
attendi	CER	4.
at the deat by the att and Menta iy Injury,	CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF PARTY.
law requires that as been signed bept, of Health 23 shows an	MEDIC	1 YES 2 NO OF DEATH?
e law red has been Dept. of	N. N.	
N: The ficate the State of	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO VERTER: 1 Page 1 NO VERTER: 1 Was CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
PHYSICIA this certif with the	PHY	27. MANNER OF DEATH 28s. DATE OF INJURY 25s. THE ST. THE ST. SEL HAURY AT 28d. DESCRIBE HOW INJURY OCCURED
DING PHYS After this death with	B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At house, served
OR ATTENDING DIRECTOR: After hours after death	TED	3 Usulcide a Could not be defarmled 200. PLACE OF INJUST — At building, etc. (Specify) 201. City or Town, State) 201. Countries and Number of Hurai House Number, City or Town, State)
	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
	COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated.
THE HOSPI TO THE FUNER De filed within	BE	29d. SIGNATURE AND TITLE OF CERTIFIER. 29d. DATE SIGNED (Month, Day, Your) 29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 3//3/9/
202	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) / 19 Cartol HTT 15601.
		SI. DATE FILED (MONTH), Day, Voar) 32. REGISTRAR'S SIGNATURE
		MAR 19 '91 Julia Davidson-Randelle
,		DHMH-16 Rev 1/8



	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 5 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be said within 72 hours after death with the State Dent, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	aine	hou	ille
	Tet	S	10
	y be	age	pe
	E	90	nst
	ge 6	irect	E
	Z.	Tal d	in a
	eath	fune	E X
	fler d	the ovai	- E
	HS 3	n by	edic of
	200	Hed i	E
	in 2	ely fi	#
	With	crem	vent
	urted	Con	9
	exec	and o	mat
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	F cate	phys phys	er
	Series Series	ling	=
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	e law	has	1 23
	Ē	cate	Te T
	CIA	ertif the	6
	HYS	his c	9
	d D	ter t	Пап
	N	R. Ap	
	TE	P #	28
	98	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune share within 72 hours after death with the State Deut of Health and Mental Hydrene prior to burial, cremation, or removal.	E
	A	AM	=
	SP	NER H	E
	E H	E FU	F
	王	五章	2
-	₽	23	3 3

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF H	EALTH AND M	IENTAL HYGIEN REG. NO.	E 91	09739
500	1. DECEDENT'S NAME (First, Middle, Lest) A BOCIAL SECURITY NUMBER 215-19-6355	S. SEN Ja. AGE (In yrs.		Hohaghe	gh IF UNDER 24 HRS. HOURS MIN.	2. DATE OF BIRTH (Month, Day, Year) 12-28-20	6. 6	
DIRECTOR	RESIDENCE OF DECEDENT	entist Hospital		96. CITY, TOWH O	R LOCATION OF DEA		9c. COUNTY	
	Maryland Mont	gomery		aithersb			Lea- OUTIVE	10d. INSIDE CITY LIMITS? 1 Yes 2 \sum no OF WHAT COUNTRY?
FUNERAL	19522 Brassie Pla	ce			0879		Ira	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED A NO	If yes, spe	ENDENT OF HISPANI ocity Cuben, Mexican 2 A NO Specify:			RACE — American Indian, Black, Whita, atc. Specify: Islamic
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	DECEDENT'S (Give kind of Ille, Do NOT u	USUAL OCCUPATION Work done during mose retired.)	N at of working	16b. KIND OF BUS	SINESS/INDUST	RY
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			maker	Hon	ne	
	17. FATHER'S NAME (First, Middle, Lest) HOSSEIN Alie					AE (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		h Ghaderi oute Number, City or Tow	n, State, Zip Cod	lo)
2	Homayoun Soufi					aithersbur		
	MAY METHOD OF DISPOSITION 142 Burlel 2 Cremation 3 Remo	oval from State other	r place)	SITION (Name of cer			CATION — City	
	4 Donation 5 Other (Specify)		rat'I	Memorial 22. NAME AP 7601 S	D ADDRESS OF FAC	Fleck Fing Rd. La	uneral	aryland Home, Inc. MD 20707
	IMMEDIATE CAUSE (Final	comp icalized that caused the List driv and cause of each i	ilna. Mona	RY AR		n es cardiac or resp	Iratory srrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in daeth) LAST	DENYDRATION AS A CONDUCTO (OR AS A CONDUCTO (OR AS A CONDUCTO (OR AS A CONDUCTOR)	1000	•				
BY PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death but no			g couse given in	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Che	ock only one)		
Y PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Sijnpatient 2 ER/Outpetien 28a. DATE OF INJURY (Month, Day, Year)	28b. Til	4 Nursing Hon ME OF 28c. IN. IJURY WO	URY AT PRESIDENCE PRICE	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	EO
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm,	street, fectory, offic	4	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	Control City	CIAN: To the best of my knowledge R: On the basis of examination and						puse(s) and manner as stated.
TO BE	29b. SIGNATURE AND THE ACTION OF THE PROPERTY	P			29c. LICENSE NUN	427	≥ 3-	GNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH AJAY BAKSH	1, M-D- 94	(ITEM 27) (Typ	e. Print) Old Eget	ngetonn	Rd. B	elver	18-91 Do MD 20814
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RF.	0	7			

DHMH-16 Rev 1/89



2020

10s. STATE

Maryland

10e. STREET AND NUMBER

HAIEL - A.

9s. FACILITY NAME (If not institution, give street and number)

8 Cleveland Court

5. SEX

Shady Grove Adventist Hospital

Montgomery

10b. COUNTY

1 M 2 DE

4. SOCIAL SECURITY NUMBER

115-20-4806

RESIDENCE OF DECEDENT

10c. CITY, TOWN OR LOCATION

Rockville

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATN

10f. ZIP CODE

OCKVILLE

20850

13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-

HINKLE

6. AGE (In yrs. last birthday)

93

12. WAS DECEDENT EVER IN U.S. ARMED

03

8. BIRTHPLACE (State or Foreign New York

10d. INSIDE CITY

14. RACE — American Indian, Black, Whits, etc.

1 YES 2 NO

Approximats Interval Between Onset and Death

9c. COUNTY OF DEATH Montgomery

10g. CITIZEN OF WHAT COUNTRY?

United States

-	-
14	EA)
(68	[图图]
100	ner j
_	8

BALTIMORE, MARYLAND 21203-3146

DIRECTOR

UNERAL

physician. burial-transit permit. Pag

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR DR		If yes, sp 1 TYES	ectfy Cuben, Maxican 2-13 NO Specify:	, Puerto Rica	n, etc.)	Spechy: Whi	
LETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) Collegs (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Homemaker	JAL OCCUPATION done during motived.)	ON at of working		of Business/INDU	STRY	
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Lewis Pratt				18. MOTNER'S NAM Grace		ile, Maiden Surname)		
TO BE	196. INFORMANT'S NAME (Type/Print) Thelma M. Rogers			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 8 Cleveland Court, Rockville, Maryla					
	20s. METNOD OF DISPOSITION 1	noval from State	ob. PLACE OF DISPOSITIE Montgomery	Cremate	orium, In		20c. LOCATION — CI Bethesda,	Mary	yland
	21. SIGNATURE OF FUNERAL SERVICE LI	ine		Home/I Avenue	ND ADDRESS OF FAC ROCKVILLE P, ROCKVI	Ile,	ert A. Pun 300 West Maryland 2	iphrey Mon 20850	y Funeral tgomery
	23. PART I. Enter the disesses, or abook, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that cause List only one cause on	sd the desth. Do not sech line.	enter the mo	ds of dying, such	ss cardisc	or respiretory arre	nt,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Over to or As	A CONSEQUENCE OF): B A CONSEQUENCE OF):	part	Fail	lue .			
PHYSICIAN: MEDICAL									ERE AUTOPSY FINDINGS BALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ICIAN									
ву рнуз	27. MANNER OF DEATN 1 Netural 5 Pending	1							
0	2 Accident Accid								e Number,
COMPLET	and the same of th	SICIAN: To the bast of my kno							nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Told a	L45	-1)	29c. LICENSE NUM 293	Ø O	29d. DATE	SIGNED (MC	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	y Grove	Road .	Poch	ille, 1	10	209	65	2
	31. DATE FILER (Month, Day, Year)	Suna Dands	an fondell		,				

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the foundation of the found	BALTIMORE, MARYLAND 21203-3146 was after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit reducal examiner must be notified at once.
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4	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	8

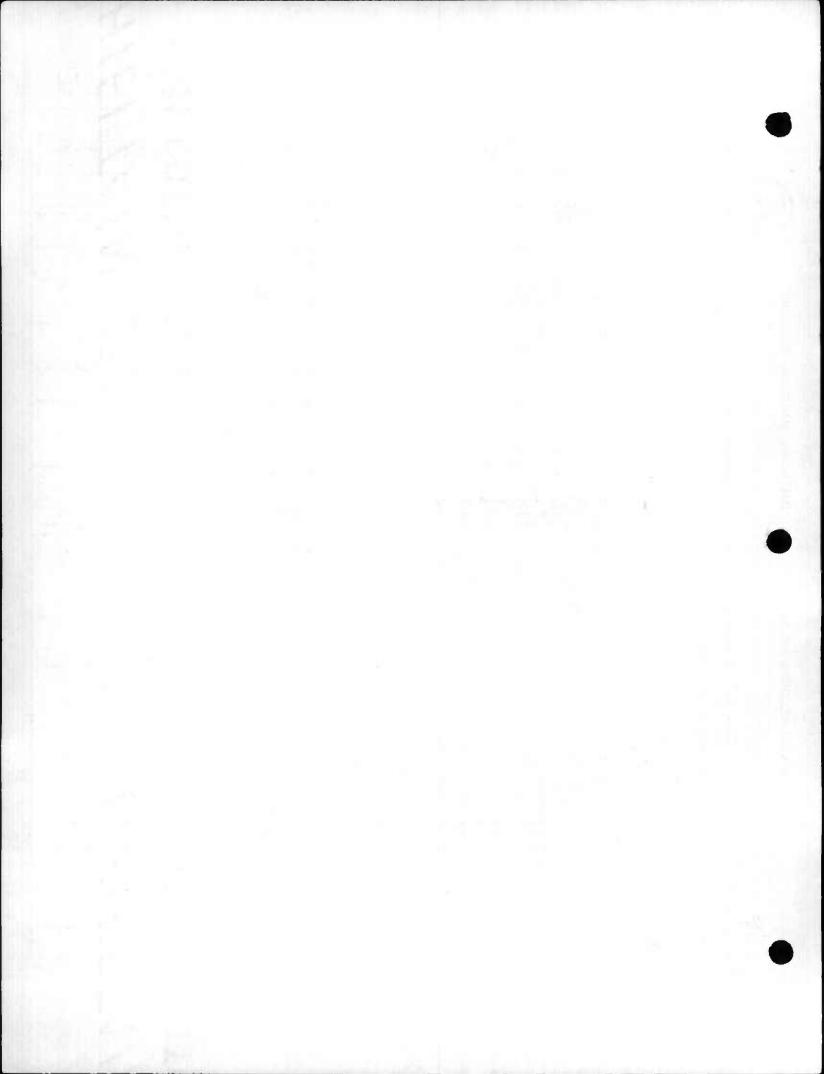
NESIDENCE OF DECEMINATION OF STREET AND NUMBER 261 Congres 11. MARITAL STATUS Never Married 2 Mai XX Widowed 4 Divorced 15. OECEDE	B. SEX 1 M 2 F SEN 1 M 2 F SEN 1 M 2 F SEN SEN SEN SEN SEN SEN	Hubbe: 6. AGE (In yrs. In 82 Center NT EVER IN U.S. A 1 Yes 2 WAR OR DATES	11 set birthday) YRS. 10c. CITY RO	y, TOWN OR LO	R FUNDERS HOURS	ER 24 HRS. MIN. MIN. MION OF OEA	March 24, 7. DATE OF BIRTH (Month, Day, Year) Jan. 12,19	1991 YE 1999 PAG	3. TIME OF 9:35 BIRTHPLACE (Stan County) New Yoo OF OEATH gomery 10d. Insibit	A or Foreign
I. SOCIAL SECURITY NUMBER 084-10-1376 DA. FACILITY NAME (II not institute the property of th	6. SEX 1 M 2 F Ley Nursing DENT 10. COUNTY Montgomery Ssional Lane 12. WAS OCCEDE: FORCES? IF YES, GIVE ENT'S EQUCATION gheet grade completed) College (1-4 or 5 2+	8. AGE (In yrs. In 82 Center NT EVER IN U.S. A. 1 YES 2 WAR OR DATES	vrs.	96. CITY, TOWN OR LO	HOURS HOURS HOURS KVIILE CATION E 101. ZIP COC	R 24 HRS. MIN. TION OF OEA	March 24, 7. DATE OF BIFTH (Month, Day, Year) Jan. 12,19	1991 909 se. county Mont	9:35 BHRTHPLACE (STAN COUNTY) New Yo OF OEATH gomery 10d. INSIDI	e or Foreign
084-10-1376 De. FACILITY NAME (II not institute potomac Valessidence of December 100. STATE NO NUMBER 261 Congression. MARITAL STATUS Never Merried 2 Marital Status (Specify only high Elementary/Secondary (0-12) T. FATHER'S NAME (First, Middle Benjamin Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle Balessidence potential status (First, Middle	I D M 2 X F Introportion, give street and number) Ley Nursing DENT Dis. COUNTY Montgomery Ssional Lane 12. WAS DECEDED FORCES? IF YES, GIVE 1 ENT'S EQUICATION gheet grade completed) College (1-4 or 5 2+	82 Center NT EVER IN U.S. A. 1 YES 2 A. WAR OR DATES	YRS.	96. CITY, TOWN OR LO	HOURS HOURS HOURS KVIILE CATION E 101. ZIP COC	R 24 HRS. MIN. TION OF OEA	7. DATE OF BIRTH (Month, Day, Year) Jan. 12,19	909 Se. COUNTY Mont	New Yo OF OEATH gomery 10d. INSIDI	rk e cary
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POTOMAC VAL RESIDENCE OF DECER 10a. STATE MD 10a. STREET AND NUMBER 261 Congres 11. MARITAL STATUS 1 Never Married 2 Mai 15. OECEDE (Specify only hig Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle) Benjamin Bal	Ley Nursing DENT No. COUNTY Montgomery Ssional Lane 12. WAS OCCEDE: FORCES? IF YES, GIVE ENT'S EQUCATION gheet grade completed) College (1-4 or 5 2+	NT EVER IN U.S. A. 1 ☐ YES 2 A. WAR OR DATES	Ro	Rocky, TOWN OR LO	CATION e 101. ZIP COC		ATH	Mont	gomery	37
NESIDENCE OF DECEMINATION OF STREET AND NUMBER 261 Congres 11. MARITAL STATUS Never Merried 2 Men XX Widowed 4 Divorced 15. OECEDE (Specify only hig Elementary/Secondary (0-12) 77. FATHER'S NAME (First, Middle) Benjamin Bal	Montgomery Ssional Lane 12. WAS DECEDENT FORCES? IF YES, GIVE 1 ENT'S EQUATION gheet grade completed) College (1-4 or 5 2+	NT EVER IN U.S. A. 1 ☐ YES 2 A. WAR OR DATES	Ro	y, TOWN OR LO	e 101. ZIP COC				10d. INSIDI	37
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261 Congres 261 Congres 1. MARITAL STATUS Never Married 2 Mai Midowed 4 Divorced (Specify only hig Elementary/Secondary (0-12) 7. FATHER'S NAME (First, Middle) Benjamin Bal	ssional Lane 12. WAS DECEDED FORCES? IF YES, GIVE 1 ENT'S EQUCATION gheet grade completed) College (1-4 or 5 2+	1 YES 2 X	Ro	ckvill	101. ZIP COC	Œ			LIMITS	37
261 Congres II. MARITAL STATUS Never Merried 2 Mae X Widowed 4 Divorces 15. OECEDE (Specify only hig Elementary/Secondary (0-12) 77. FATHER'S NAME (First, Middle Benjamin Bal-	ssional Lane 12. WAS DECEDED FORCES? IF YES, GIVE 1 ENT'S EQUCATION gheet grade completed) College (1-4 or 5 2+	1 YES 2 X	RMED		101. ZIP COC	Œ			1 1 160	2 NO
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II. MARITAL STATUS Never Married 2 Mai All Midowed 4 Divorced 15. OECEDE (Specify only high Elementary/Secondary (0-12) FATHER'S NAME (First, Middle Benjamin Bal	12. WAS DECEDED FORCES? IF YES, GIVE 1 ENT'S EQUICATION wheet grade completed) College (1-4 or 5 2+	1 YES 2 X		49 489		52			5.A.	
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15. OECEDE (Specify only hig Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle Benjamin Bal	ent's Eoucation greet grade completed) College (1-4 or 5			If yee,	specify Cub	en, Maxican	, Puerto Ricen, etc.)		Black, White, etc. Specify:	
(Specify only high Elementary/Secondary (0-12) 77. FATHER'S NAME (First, Middle Benjamin Bal	ghest grade completed) College (1-4 or 5 2+	18a O				· · · · · · · · · · · · · · · · · · ·			Whit	e
Elementary/Secondary (0-12) 77. FATHER'S NAME (First, Middle Benjamin Bal	College (1-4 or 5 2+	6	'Give kind of w	USUAL OCCUP	ATION most of work	dna	16b. KINO OF BU	SINESS/INOUST	THY	
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Benjamin Bal			House	wire						
					- 73		AE (First, Middle, Malden			
A. HIPPARALANTIN MARKE /Time							eth C.			
		1	96. MAILING	AOORESS (Str	et and Numbe	or or Rural R	oute Number, City or Row , Rockvil	m, State, Zip Coo	20852	
Nancy Hubbe										
20s. METHOD OF OISPOSITION		other p	place)	emetery		matory or		chard E	or Town, Stata Park, NY	
1. SIGNATURE OF UNITRAL SI	ERVICE LICENSEE				-		s Sons, I		D (1	200
23. PART I. Enter the dise	wegnen	an					Ave, NW, W			200
ahock, or hear iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cos	LAS CONSIGNATION OF THE PARTY O	10.	bn	uen			natory entropy	Inter	val Between and De
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a a	O (OR AS A CONSI		,	LLE					
marry to Oak as almostic and	dia	4 4 6 4 4	101	4						
PART II. Other significent	conditions contributing to	b death but not	resulting (n the under	ying cause	given in i	Part i. 24a. WAS AN PERFO! 1 YES :	RMED?	24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAUS
S. WAS CASE REFERRED TO M	AEDICAL			2	DI ACE DE	SEATH (Cha				
EXAMINER?	HOSPITAL:			OTHER:	S. PLACE OF					
27. MANNER OF GEATH	1 Unpetient 2 28a, DATE O	☐ ER/Outpetient	3 L DOA		Nome 5 F	tesidence	8 Other (Specify) 28d. OESCRIBE HOW	IN HERY OCCUR		
1 Natural 5 Per	nding (Month,	Day, Ybar)	INJ	JURY	WORK?	□ NO	200. OEQUINES 110	INJUNT COOK.	EG	
3 Suicide 8 Cou	uld not be armined	OF INJURY At I	nome, farm, r			J	28t, LOCATION (Street City or Town, State	and Number or F	Rural Route Number	ς
onel	YING PHYSICIAN: To the best of								ause(e) and menno	er as state
196. GIGNATURE AND TITLE OF	CENTINER /	1/	1	1	29c. LII	CENSE NUM	RES	MA DATE SI	IGNEO (Month, Day	Mort
11/2/1/	+16	12/	m)	7		2116	-	125	MARICH	1190

M.D., 2309 Shorefield Rd., Wheaton, MD
32, REGISTRAN'S SIGNATURE
Julia Davidson Randalle

Walter E. Go 31. DATE FILEO (MONTH, Day, Year) MAR 27 '91

Goozh,

M.D.,



1	-	STATE REGISTR	Al
	1. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICALE	OF	DEA	IH		REG. NO.				
1. DECEDENT'S NAME (First, M HEL		F.		HAZES					2. DATE O MONTH Mar	ch 26	,199	YEAR	3. TIME OF DEATH 10:30 a.1	
4. SOCIAL SECURITY NUMBER	3	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE C	OF BIRTH		8. BIRTI	PLACE (State or Foreig	ign
578-07-4161		1 🗆 M 2 🕁 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.			1015	- 11	m nington.D	
9a. FACILITY NAME (If not instit	tution, give at	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH	1 2.7	9c. COL	INTY OF E	DEATH	
5209 Falmout	h Pos	1			ъ.	. 1								
RESIDENCE OF DECE	DENT	.0.				thes	sda				L_Moi	ntgor	nery	
10a. STATE 1	Ob. COUNTY	,		10c. CIT	Y, TOWN DI	R LOCAT	IDN						10d. INSIDE CITY	
Maryland	Мо	ntgomery		Rot	hesd	_							1 TYES 2 NO	D
10s. STREET AND NUMBER	110	negomer y		LBEL	HESIL		ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNTRY?	
5200 E-1	1. D.	1									200	11.5	5.A.	
5209 Falmout	n koa	12. WAS DECEDEN	T EVER IN I	S ADMEN	12 W		0816		NC OBIGIN	? (Specify Yes	or No	_	E — American Indian.	
1 Never Married 2 Ma	arried	FORCES? 1	YES	2 ND	If	yes, sp	ecify Cubi	ın, Mexica	n, Puerto R		O 140-	Blac	k, White, etc.	,
3 Widowed 4 Divorce	ed	IF YES, GIVE W	AR OR DATI	ES	1	YES	2 X ND	Specify	<i>r</i> :			Spec	White	
15, DECED	ENT'S EDUC	CATION	11	6a. DECEDENT'S	USUAL OC	CUPATIC	N.		16b	KIND OF BU	SINESS/IN			
(Specify only h	ighesi grade	completed)		(Give kind of a	vork done d	uring mo	al of world	ng	1000	IGNE OF BO	JIIVEGGIIIV	DOGINI		
Elementary/Secondary (0-12	2)	College (1-4 or 8+		Homemak					10	wn Hor	ma.			
17. FATHER'S NAME (First, Midd	tta I nett		_				40 110-	uepio ···	_					
John Flem:							100			liddle, Meiden		1		
				1			_			awling				
19a. INFORMANT'S NAME (Type		Tee		19b. MAILING										
Arthur J. H	azes,	Jr.		7600	Savar	nnah	Dri	.ve	Beth	esda,	MD.	2081	.7	
20a. METHOD OF DISPOSITION	N Rem	ovel from Stetu		PLACE OF DISPOS						20c. LO	CATION -	City or To	own, State	
4 Donation 5 Other (S			Mo	unt Com	fort	Cre	mato	ry		Ale	2x. 7	/A.		
21. SIGNATURE OF TUNERAL S	SERVICE LIC	ENSEE			22. N	IAME A	D ADDRE	SS OF FA	CILITY					
1/		1.	•							ons, In				
uch	ons	from	me	2						e. Was			20016	
23. PART I. Enter the disc	ognas, or d	omplications the Litt only one cau	t caused t	the desth. Do i	not enter	ths mo	de of dy	ing, suc	h ss card	iec or respi	iratory s	rreat,	Approximate Interval Bets	
IMMEDIATE CAUSE (Final		Lim Dilly Ollo Cau	sa On eac	ii iiiio.									Onset and D	
disease or condition		SUDDE	CAR	DIAC D	EATH								minute	99
resulting in death)		DUE TO	(OR AS A C	ONSEQUENCE O	F):	-							1	
		CORONA	ARY A	RTERY D	ISEAS	SE							2 year	20
Sequentially list condition if any, leading to immedia		0		ONSEQUENCE O									2 year	13
cause. Enter UNDERLYING	G													
CAUSE (Disease or Injury that initiated events		DUE TO	(OR AS A C	ONSEQUENCE O	F):								1	
resulting in death) LAST		.1												
		g												
PART II. Other significant	condition	s contributing to	death but	not resulting	in the un	derlyin	g cause	given in	Part I.	24a. WAS AN		24	MAILABLE PRIOR TO	
VENTRICUI	LAR	ANEURYSM							- 1	1 TYES 2			COMPLETION OF CAL	
		-27071/							_		10		OF DEATH?	
													I LI TES Z LI NO	′
25. WAS CASE REFERRED TO	MEDICAL					20.5	ACE OF	DEATH AT	not out :	-1	_		_	
EXAMINER?		HOSPITAL:			OTHER	t:		•	eck only on					
1 Z YES 2 NO		1 Inpatient 2						esidence	6 C Other	• • • • • • • • • • • • • • • • • • • •				
27. MANNER OF DEATH	nelle -	28a. DATE OF (Month, D	INJURY II); Ybar)	28b, TIN	IE OF JURY	WC	URY AT		20d. DES	CRIBE HOW	INJURY O	CCURED		
1 Natural 6 Pe 2 Accident Im	ending vestigation				М		YES 2	NO						
3 Sulcide 6 Co	ould not be	28e. PLACE O building.	F INJURY	At home, farm,	street, facto	ory, offic				ATION (Street or Town, State)		er or Rural	Route Number,	
4 Homicide de	termined													
29a. CERTIFIER 1 CERTIF	YING PHYSI	CIAN: To the best of	my knowle	dge, death occum	ed at the ti	me, date	and plac	e, and due	to the cau	se(s) and ma	nner as si	ated.		
(Original drill)													(s) and manner as stat	ted.
			an an artista	A PARAMETER AND A PARAMETER AND A PARAMETER AND A PARAMETER AND A PARAMETER AND A PARAMETER AND A PARAMETER A	e a Volinia de									117.00
296. SIGNATURE AND TITLE O	CERTIFIE	~ VI -	7	2.6	2		29c. LIC	ENSE NU	MBER		29d. D/	TE SIGNE	D (Month, Day, Year)	
ull	en l	n blink	15	MA			VO	110	17			3/27	7/91	
30. NAME AND ADDRESS OF F	NCS to	1	SE OF BEAT	TH (ITEM 27) (Type	Print)	h.		DC		2001	5			
31. DATE FILED (Month, Day, Ye MAR 27	°°',q1	32. REGISTRA		TURE Rande	82	7		, - ,						
1911-1	VI	1												

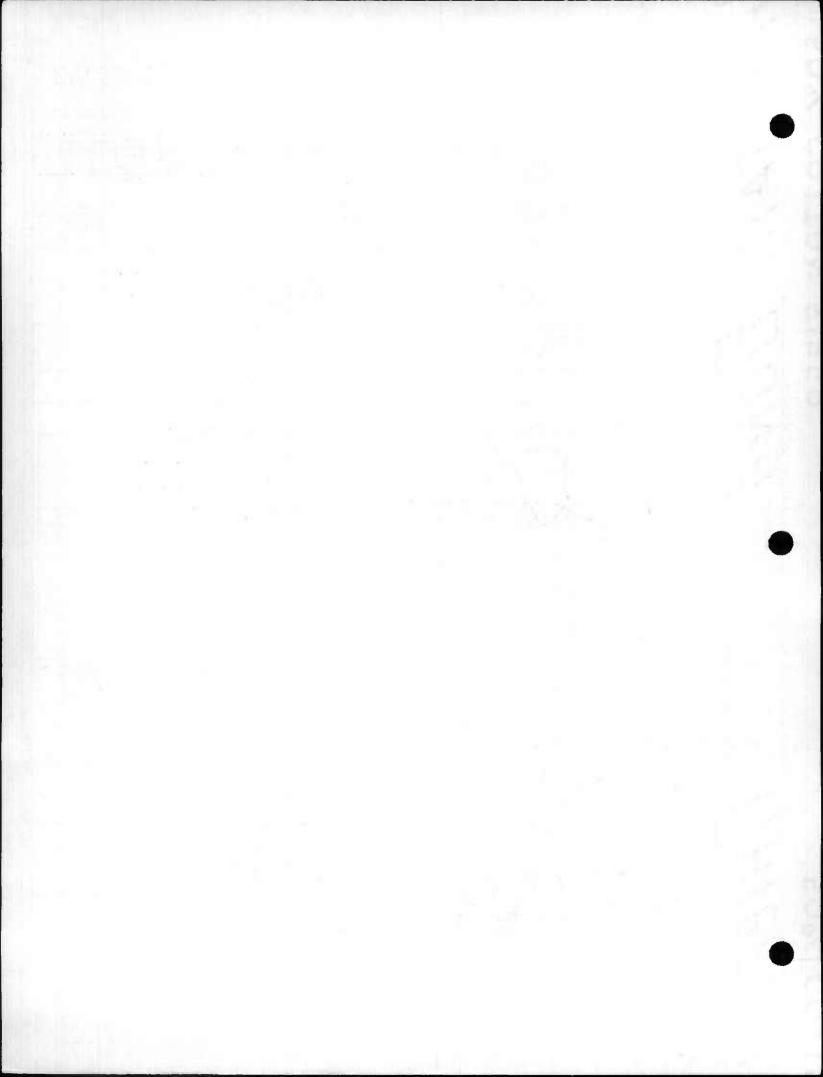
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z-rivours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DHMH-18 Rev 1/89

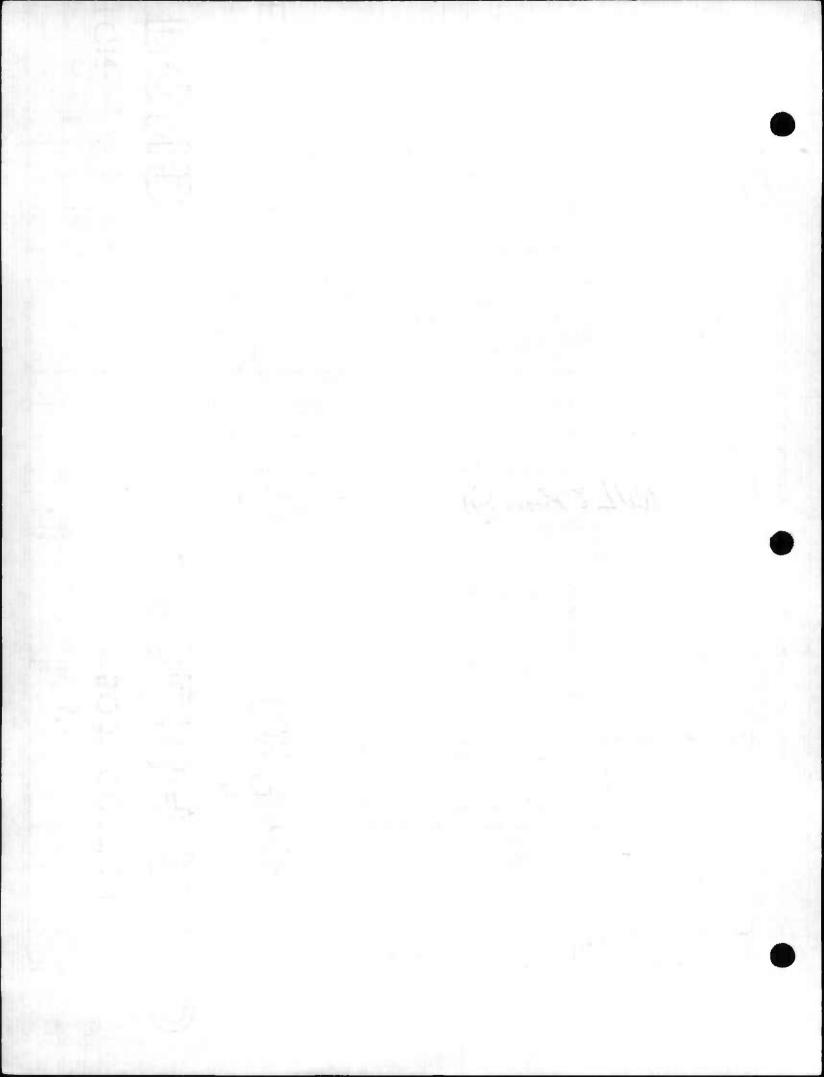
TO BE COMPLETED BY FUNERAL DIRECTOR

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: After this certificate has been signed by the attending physician and completely tilled in by the funeral dire	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked or item 23 shows any injury, or other traumatic event the medical examiner of
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH A	AND MENTAL HYGIENE
CERTIFICATE OF DEAT	H REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)	Dennis	Edward Heal	lov		2. DATE OF DEA MONTH	TH DAY Y	3. TIME OF DEATH 7:26 a	
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TH 6.	BIRTHPLACE (State or Foreign	
211-20-4290	1 / M 2 □ F	63 YRS.	ONTHS DAYS	IOURS MIN.	(Month, Day, Y		Country) Minnesota	
e. FACILITY NAME (If not institution, give a	reet end number)	9	b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY		
Francis Scott Key	Hospital	`	Baltime	ore City		No	one	
0e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATIO	N			10d. INSIDE CITY	
Maryland Mon	tgomery	Roc	kville				1 YES 2 NO	
De. STREET AND NUMBER			10f, 2	IP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
326 Rutgers Stree	t			20850		Unite	ed States	
1. MARITAL STATUS	12. WAS DECEDENT EVI FORCES? 1 X Y			IDENT OF HISPAN			RACE — American Indien, Black, White, etc.	
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WAR O			NO Specify		,	Specify:	
15. DECEDENT'S EDU	CATION					l l	White	
(Specify only highest grade	completed)	16a. DECEOENT'S US (Give kind of wor life. Do NOT use i	k done during most		166. KIND C	OF BUSINESS/INDUS	THY	
Elementary/Secondary (0-12)	College (1-4 or 5+)							
'. FATHER'S NAME (First, Middle, Last)		Maintenan		1001 18. MOTHER'S NAI		Pentagon		
The second point of the second								
Edward A. Healey		10h MAILING AL	ODDESS (Street acc			Carroll or Town, State, Zip Co	rde)	
Selling and the control of the self-								
Helen M. Robinson		20b. PLACE AND DATE O				aryland 2		
Burial 2 □ Cremetion 3 □ Rem	oval from State	of cemetary, crematory or	other place)		3/26/			
Donation 5 Other (Specify)	ENGEE	Gate of Hea	ven Cem	etery	1991 9	Silver Sp	ring. MD	
· 7/11/1 25	Bourne	M00672	Home/I	ethesda sin Ave	-Chevy nue, Be	Chase, In thesda, N	nphrey Funera 10.7557 Varyland	
shock, or heert feilure. MMEDIATE CAUSE (Final lisease or condition esuiting in death)	. 5	AS A CONSEQUENCE OF):	1.1.				Interval Betwee	
equentially list conditione, any, leading to immediata ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	c	AS A CONSEQUENCE OF):						
	d							
PART II. Other significant condition	es contributing to dee	th but not resulting in	the underlying	cause given in	Р	MAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
5. WAS CASE REFERRED TO MEDICAL			22.5	00 00 00 00			- 17	
EXAMINER?	HOSPITAL:		OTHER:	CE OF OEATH (Ch				
1 N TES 2 □ NO 7. MANNER OF DEATH	1 N inpatient 2 ER/		Nursing Home			**		
1 Natural 5 Pending	28a, DATE OF INJU (Month, Day, Ye		ROW WOR	K7	28d. DESCRIBE	HOW INJURY OCCUP	RED	
2 Accident Investigation	280 DI ACE OF IN	JURY — At home, farm, str		S 2 NO	and I OCATION	Street and Number or	0	
3 Suicide 8 Could not be determined	building, etc.	(Specify)	eet, factory, office		City or Town		Hurer House Number,	
Torroom orny		knowledge, death occurred					ause(s) and manner as stated	
96. SIGNATURE AND TITLE OF CERTIFIE	2 Assuc	· PROF.		Da a	396	29d. DATE S	IGNED (Month, Day, Year)	
D. NAME AND ADDRESS OF PERSON WE		F DEATH (ITEM 27) (Type, P		Balti	more, M	aryland		
1. DATE FILED (Month Days, Year)	32. REGISTRAR'S	SIGNATURE						



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, etc. Twhite

8. BIRTHPLACE (State or Foreign

Prince Georges

10g. CITIZEN OF WHAT COUNTRY?

HOME, INC. N.W. Washington DC

1. DECEDENT'S NAME (First, Middle, Lest)

			1. DECEDENT'S NAME (First, Middle, Last)	PAUL	40.0	. 4		-	AY YEAR	3. TIME OF C
			4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-6 91	THPLACE (State of
				1 M 2 D F		NONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	enna.
Į.	Total L		198 12 6086			9h CITY TOWN	OR LOCATION OF DE	フーンフ・	9c, COUNTY OF	
-		œ	OF ALL New Hamp	Shine City	Em 107	TAK		*ARK		e Geor
	, w	<u></u> 용 I	RESIDENCE OF DECEDENT	عدابر مرد			-6797	7140	F	
	906	DIRECTOR	100. STATE 10b. COUNTY	1		TOWN OR LOCA				10d. INSIDE
	je P		PA Luzer	ne	H	1 D2 9				1 TES 2
	nsit permit.	ERAL	5 W, BER	GH ST	nfet		1. ZIP CODE 18705		U.S.	A .
	46 physician. burial-transit	FUNI	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPAN	IC ORIGIN? (Specify Ye	a or No — 14. R/	NCE — American sck, White, etc.
	21203-3146 tal or attending phys for use as the buri	ВУ	1 Never Merried 2 Merried 3 Wildowed Mary Divorced	FORCES? 1 YE IF YES, GIVE WAR OR	DATES		3 2 NO Specify		Sp	wh.
	203	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S U (Give kind of wo	ork done during me	ON ost of working	16b. KIND OF BU	ISINESS/INDUSTRY	
		COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	V. Pres-		Rug Co.	Carp	eting	
	ND 2- hospital tached to	×	17. FATHER'S NAME (First, Middle, Lest)	4 yrs		6-		WE (First, Middle, Meiden	Cumama)	-(1 15)
	MARYLAND 21: e retained by the hospital of 5 should be detached for notified at once.		Edward F. Henr	v				a Yozwia		
	MARY retained 5 should notified	BE (19e. INFORMANT'S NAME (Type/Print)	·	19b. MAILING	ADDRESS (Street	I and Number or Rural R	loute Number, City or Tov	vn, State, Zip Code)	
		2	Mark Yanaitis		55 Sta	ark St	reet, H	udson, P	a. 187	05
	MORE, Page 6 may be il director, page ner must be		20e. METHOD OF DISPOSITION N□ Buriel 2 □ Cremetton 3 □ Rem	numl frame Chata	Ob. PLACE OF DISPOSI other place)				CATION — City or	
	AOF ge 6 lirecto	-	4 Donatton 5 Other (Specify)		Saint Jos			7	son Pla	ains,
	BALTIMORE, I let death. Page 6 may be the funeral director, page wal.	1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		TA	ND ADDRESS OF FAC KOMA FUI	NERAL HO	ME, IN	0.
	BALT er death. the funera val.		Millians	S. Clark		25	4 Carro	NERAL HO	.W. Wa	shingt
	rs aff		23. PART I. Enter the diseases, or ahock, or heart failure.			ot enter the mo	ode of dying, auch	as cerdiec or resp	olratory erreat,	Appro
				•						Onset
	hin mati		disease or condition resulting in death)	. Myoca	rdial 1	ntar	ction			mi
	4 8 2 - 6			a. Myo Car Due to (OR AS b. Artens	CONSEQUENCE OF	Carel	werent	00 D. 10	414.	I v.
	13: and and o bur	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	:	18 - 61 (1) 11	12 13 E	754	
		CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C						
	h certifica ending phy Hyglene or other	TIE	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:				
		CER	Totaling in death) CAST	d						-
	CHDS, F that the dear the and Menta any injury,		PART II. Other algnificant condition	_	but not resulting in	the underlyin	ng cause given in		N AUTOPSY 2	24b. WERE AUTOP
	ECORDS, equires that the densigned by the of Health and Menhows any Injur	EDICAL	Hyperten	2107				1 YES	1 -	COMPLETION OF DEATH?
	L RECOR	ME								1 TYES 2
	aw re s bee spt. o	ž								
	The The hate h	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	PLACE OF DEATH (Ch			
	CIAN: CIAN: or it	YSI	1 YES 2 NO	1 Inpatient 2 ER/O	utpatient 3 DOA	4 - Nursing Hor		Cother (Specify)		
	N OF VITA NG PHYSICIAN: ther this certifica eath with the St marked, or it	PH	27. MANNER OF DEATH 1927 Netural 8 Pending	28s. DATE OF INJUR (Month, Day, Yes)		JRY W	JURY AT ORK?	26d. DEŞCRIBE HOW	INJURY OCCURED	
	DING P After death	ВУ	2 Accident Investigation	28e. PLACE OF INJU	RY — Al home, ferm, st		YES 2 NO	28f, LOCATION (Street	and Number or Ru	ral Route Number
	TTEN TOR: after	TED	4 Homicide 8 Could not be	building, etc. (S	pecify)	,,,,,		City or Town, State	•)	
	DIVISION OR ATTEN DIRECTOR: bours after Item 28 It	E.	29e. CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the best of my kn	owledge, death nonure	d at the time state	a and place and due	to the causalat and m	enner se stated	
	■ 3 ₹ ₹ =	COMPL	(Orack Oray	ER: On the beels of examina						se(e) and menner
	THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	_	29b. SIGNATURE AND TITLE OF CERTIFIE	4	Ha Medi	cal	29c. LICENSE NUN		-1"	NED (Month, Day,
	TO THE HOSPI TO THE FUNER be filed within	BE (Quel an Outor	eh cos	VAMINU	-	DOB	0 —	F 3-	27 - 9
	₽₽₩.	2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	, , , ,	-	^	

WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO on motel toom

Pa.

Approximate Onset and Death MINUKS

Y-eans

AND LICENSE NUMBER	and DATE GIONED Warm Day Man
on, death occured at the time, date and place, en	nd due to the cause(e) and menner as stated.
date and place, and due to the cause(s) and mer	nner as stated.

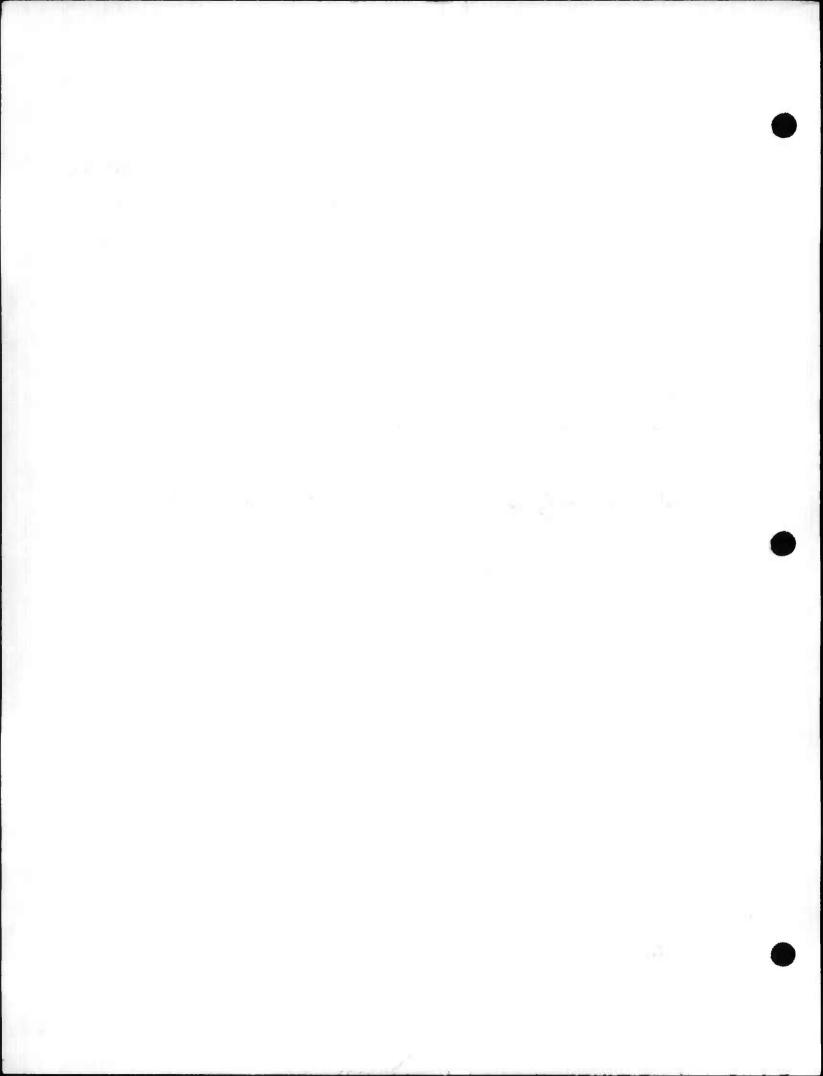
1 yer DOISSZ > 3(Type, Print)
Jeensbury Rd Hyattsville MD

31. DATE FILED (Month, Day, Year) MAR 28 '91 Julia Davidson

15+

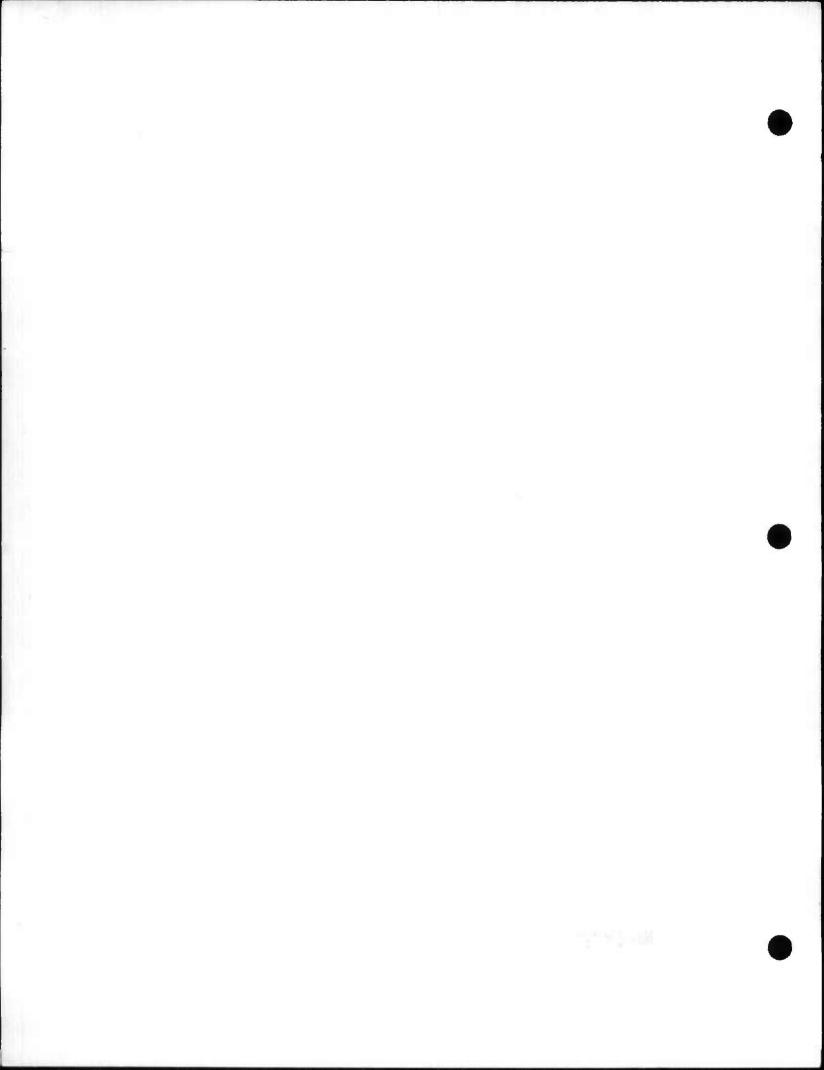
Apple of the contract

_		REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO.				
	i	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH	, ve	3. T	TIME OF DEATN	
	ľ	Gertrude W	Herrell					03	23		91	1215 P M	
200		4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE O	F BIRTH	8.1	BIRTHPLA	CE (State or Foreign	
		577-07-3423	1 🗆 M 2 💢 F	82	YRS.	MONTHS DAY	B HOURS MIN.		Day, Year)		Country	inia	
4 3	1	9a. FACILITY NAME (If not institution, give a	treat and numbers			AL OUTY TOW	N OR LOCATION OF DE		21/08	9c. COUNTY			
physician. burial-transit permit. Pages 1, 2.	~							AIH	- 1				
	Ö	Anne Arundel Med	<u>lical Cente</u>	r		Anna	polis, MD			Anne	Aru	unde]	
	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		40a CITY	TOWN OR LO	CATION				104	d. INSIDE CITY	
908	DIRECTOR		e Arundel			gewate					- 3	LIMITS?	
誓	1		Arunder		Lu	gewate						YES 2 NO	
med	Z I	10s. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN		COUNTRY?	
nst.	FUNERAL	3856 Ponder Drive	2				21037			U.S.	Α.		
the hospital or attending physician, detached for use as the burial-tran	3	11. MARITAL STATUS	12. WAS DECEOENT EV				DECENDENT OF HISPAN			or No— 14.	RACE -	American Indian, hita, etc.	
De Sphys		1 Never Married 2 Married	FORCES? 1 1		Ю		specify Cuban, Maxica (ES 225 NO Specific		lcan, etc.)				
a in a	A	3 Not Wildowed 4 Divorced				1		,-			White	e	
r attending physuse as the buri		15. DECEDENT'S EDU		16a. DE	CEDENT'S L	JSUAL OCCUP	ATION	16b.	KIND OF BUS	INESS/INDUST	FRY		
or aff	E 1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(GI	(Give kind of work done during most of working life. Do NOT use retired.)								
d for	7		College (I-4 or 5+)	He	ousew	ife		1 0	wn Hon	ne			
the hospit detached once.	COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					T			_			
de de	8	James Washburn			16. MOTHER'S NAME (First, Middle, Malden Surname) Mary Stern								
d by	H												
retained 5 should notified	2	19s. INFORMANT'S NAME (Type/Print)		198			et and Number or Rural						
no e 5	F	Melissa Monkelie	≥n	n 3856 Ponder Drive Edgewater, MD 21037									
ay be		20s. METHOD OF DISPOSITION		from State 20b. PLACE OF DISPOSITION (Name of cometer); cremetory or Africal Place) 20c. LOCATION — City or To Africal Columbia Gardens Arlington								State	
Page 6 ma al director, p		1 ♣ Burlai 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	ioval from Stata	Coli	umbia	Garde	ns		Aı	lingto	on V	A	
		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22, NAME	E AND ADDRESS OF FA	CILITY	1.			4 **	
death. Pag tuneral di i. examiner		10000	+ 0									1 Home	
The fr		Ofechail 1) to	Garald			3901	N Fairfa	x Dr	Arling	gton V	A 22	203	
d in by the or remove		23. PART I. Enter the diseases, or				ot antar tha	moda of dying, suc	h as card	iac or respin	ratory arrest	•	Approximata	
filled in on, or re		shock, or heart failure. IMMEDIATE CAUSE (Final	Liet Only Ona Cause	on sach line								Interval Between Onset and Death	
y fills thon,	1	disease or condition	. Metatas	tic co	olon (ancer						15month	
d within 24 completely fille i, cremation, event, the		resulting in death)	e	AS A CONSE				·				70770075	
5140, ecuted will nd comple burial, cre												į	
be executed sician and control to burial, traumatic ex	CERTIFICATION	Sequentially list conditions,	b. Due to (OR	AS A CONSE	DI IENCE DE	\.						i — —	
	E	if any, leading to immediata Cause. Enter UNDERLYING											
cate be hysicia e prior	2	CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):											
certifical nding phy Hygiene I	Ē	that initiated events resulting in death) LAST											
ath all H	E												
thus, r.o. boo that the death certificate of by the attending physic h and Mental Hygiene pri any Injury, or other th		PART II. Other significant condition	ns contributing to day	ath but not i	resulting is	n tha undarl	ying cause given in	Part I.	24a. WAS AN	AUTOPSY		ERE AUTOPSY FINDINGS	
that the de by the and and link in	8								PERFOR			MILABLE PRIOR TO OMPLETION OF CAUSE	
gned by alth an	ă							—	1 YES 2	ON K		F DEATH?	
DIVISION OF VITAL RECORD TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires tha TO THE FUNERAL DIRECTOR; After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health a IMPORTANT; If Item 28 is marked, or Item 23 shows any	MEDICAL										1[YES 2 NO	
S beer	ż												
VIIAL AN: The la tificate has e State De	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				B. PLACE OF DEATH (CI	heck only on	0)				
NN: 7	Sic	1 TES 2 NO	1 Ninpetient 2 ER	1/Outpatient 3	DOA	OTHER:	Home 5 - Residence	6 🗆 Other	(Specify)				
Sicial certification the	主	27. MANNER OF DEATH	28s. DATE OF INJ		28b. TIMI	E OF 28c.	INJURY AT	28d. DE\$	CRIBE NOW II	NJURY OCCUP	ED		
NG PHYSII fter this co seth with I		1 Natural 5 Pending	(Month, Day,)	rear)	INJ		WORK?						
ING Wither Watter	BY	2 Accident Investigation	28e. PLACE OF IN	LJURY — At he	ome, farm, s	treet, factory,	office	281, LOC	ATION (Street a	and Number or	Rural Rout	te Number	
TTEND TOR: A after d after d 28 is	유	3 Suicide 6 Could not be 4 Homicide determined	building, etc.		,				or Town, State)			,	
DIVISION OR ATTENDING DIRECTOR: After hours after death tem 28 is ma													
DIN OR A DIRECT HOURS	7	29s. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, de	ath occum	d at the time,	data and place, and du	a to the cau	se(a) and men	mer as stated.			
ERAI F 72	COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of exam	Instion and/or	Investigatio	n, in my opinic	on, death occured at the	time, date	and place, an	d due to the c	avse(a) ar	nd menner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIE	B O				29c, LICENSE NU	MBER		29d, OATE S	IGNED (M	lonth, Day, Year)	
표표를	ᆱ	V(3101, 11)	" (Ali	4			D16354			▶ 3/2			
222	٥	30, NAME AND ADDRESS OF PERSON W	HO COMPLETES SHIP	DE DEATH ST	W DT CO	Eleint)	ירכיסידת	-		- 3/4	ار /د.	L	
10	-							4D C	1 404				
0		Enser W. Cole, I			stree	et, An	napolis, N	<u>س</u> 2.	1401				
		31. DATE FILEO (Month, Day, Year) MAR 28 '91	A HEUSTHAN'S	SIGNATURE									
		MAK 20 91	Julia Davi	door-1800	nde B2								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 72 hours after death with the State Debt. of Health and Mental Hotelere prior to build. cremation, or removal.	otlfled
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) VE THI HOAI	vG				2. DATE OF DEATH MONTH 3	5 9	EAR 3. T	1946	
		SEX 6. AGE (1 □ M 2 1 F 8 2	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7 V	Country) iet l		
TOR	9a. FACILITY NAME (If not institution, give etreet SHADY GROVE ADVE RESIDENCE OF DECEDENT			CITY, TOWN O	LLE	ATN	HON7			
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Montgom			WN OR LOCAT	ON				INSIDE CITY LIMITS? XYES 2 \(\sum \) NO	
RAL	10e. STREET AND NUMBER 299 Hurley Ave.			101.	ZIP CODE		U.S.A		COUNTRY?	
BY FUNE		. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DA	2 100	13. WAS DEC	RACE — A Black, Whi					
COMPLETED B	15. DECEDENT'S EDUCATI (Specify only highest grade con	pleted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	AL OCCUPATIO done during mos ired.)	N st of working	16b. KIND OF BU	ISINESS/INDUS		Asian	
MPLE	Elementary/Secondary (0-12) College (1-4 or 5+) 12 Home Maker Own Home									
BE CO	17. FATNER'S NAME (First, Middle, Last) Quang Tang Hoang				Le Thi	ME (First, Middle, Maide Bui	1 Surname)			
10										
	20a. METNOD OF DISPOSITION 1	from State	PLACE OF DISPOSITION Of their piece)	N (Name of cen	netery, crematory or	20c. L	DCATION — City	or Town, S		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		ecropolica	-	D ADDRESS OF FAC	CILITY	1 Fune			
	23. PART I. Enter the diseases, or con	Understone that saves	M00896			rk Dr. Ga			MD 20877	
	shock or heart failure. List		ech iine.		ATIM COST TANK		Juliatory arros	•	Interval Between Onset and Death	
LION	Sequentially list conditions, if any, leading to immediate	Phen	monia					j		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE OF:	tai	lhe					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of Selections of Sel	ontributing to deeth b	ut not resulting in t	he underlying	g cause given in		PRMED?	CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
NAI:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF OEATH (Ch	ack only one)		l		
HASIG		Minpatient 2 ☐ ER/Outs 26e. DATE DF INJURY		-		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED		
ВУ Р	1 X Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	PRK? YES 2 ND					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stree	et, factory, offic	•	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know							d menner ea stated.	
BE	296. SIGNATURE AND TITLE OF CESTIFIER	9			29c. LICENSE NUI	ABER			nth, Dey, Year) 25, 1991	
5	Danie And Address of Person WND C	Taller M		m) DO	ctors	Dr. Ge	1 mante	oun, I	MD	
	31. DATE FILEMAN 2 9 1	32. REGISTRAR'S SIGN	ATTURE CON ATTURBUTE							



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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 motors after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

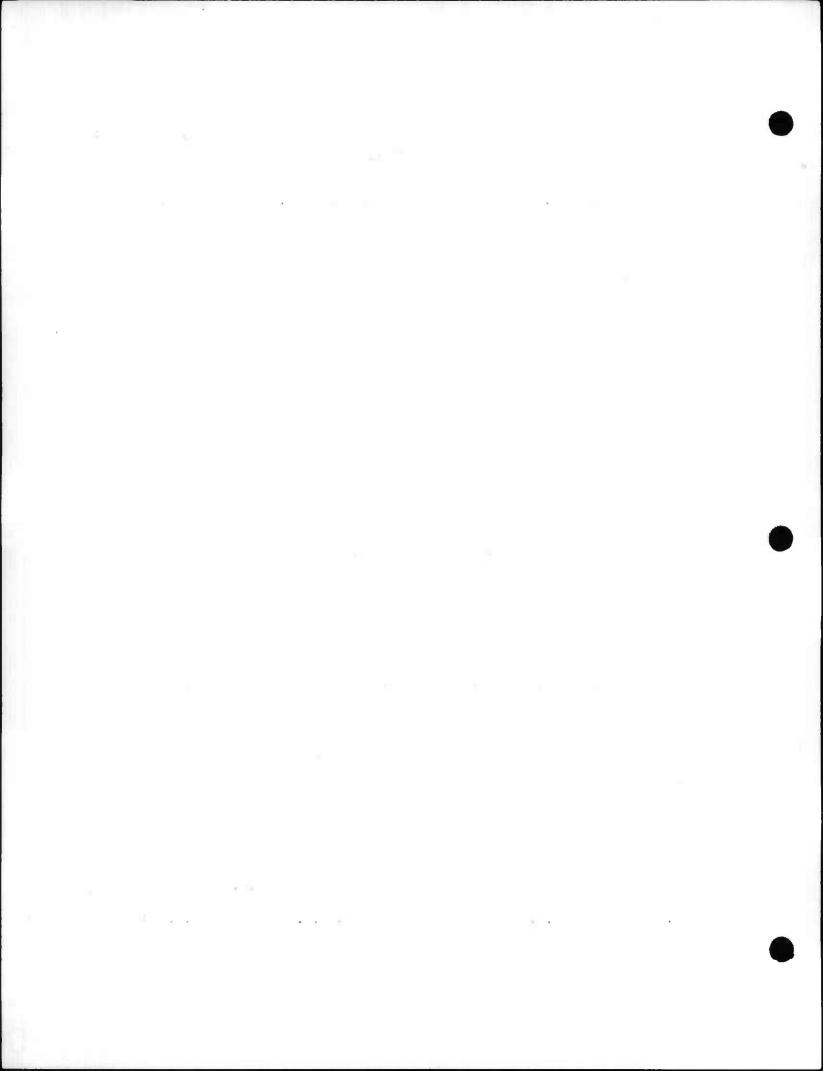
1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF C	DEATH	,	YEAR	3. TIME OF DEATH	
IRO	ONE	L. HANA	AN								MARCH 24, 1991			6:00 A M	
4. SOCIAL SECURITY NUME		5. SEX	6. AGE	(In yrs. las	t birthday)		ER 1 YEAR		-	7. DATE OF B (Month, Day	WRTH V Magel		6. BIRT	HPLACE (State or Foreign	
044-38-501	1	1 🗆 M 2 🏋 F	9	0	YRS.	MONTHS	DAYS	HOURS	MIN.	SEPT.	17,1	900	WA	SH. D.C.	
9s. FACILITY NAME (If not in	stitution, give s	treet and number)				96. CIT	ry, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	INTY OF D	DEATH	
CARROLL N		NURSING H	HOME			H	TAY	rsvil	LE			PR	PRINCE GEORGES		
10s. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY	
MD.	PRIN	CE GEORG	ES			HYA	TTSV	ILLE						1 X YES 2 NO	
10s. STREET AND NUMBER	-						T	10f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
4922 L	ASALLE	RD.						207	81				U.S.	A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	N U.S. AR	MED	13				NIC ORIGIN? (Sp		or No-	14. RAC	E — American Indian, k, White, etc.	
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE						ES 2 NO			1, 010.)		Spec		
776	EDENT'S EDU	1		140- 05	AFRE : 121A									WILLE	
(Specify onl	y highest grade	completed)		(G	CEDENT'S ive kind of a Do NOT us	work don	e during i	most of worki	ng	16b. KIN	D OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0	0-12)	Collegs (1-4 or 5	+)				·	ASSI	CITTA N	ma l	FED.	700	r t m		
17. FATHER'S NAME (First, M	North Leet)			FLUIT	TTMTO	TIM	LIVE	_	=	ME (First, Middle					
JOHN		LANE						10. mOI	HEN O NA	MARY	o, nvsicioni	Juli (187710)	COT	LINS	
19a, INFORMANT'S NAME (TUTATI	<u>.</u>	101	MAILING	ADDRE	SS (Street	and Numbe	r or Parel	Route Number, C	ity or Town	2. State 7:		מולדות	
	HANAN				308					NDRIA.					
20s. METHOD OF DISPOSIT	ION		20	b. PLACE	OF DISPOS			cemetery, crei		setara beliefa g		_		own, State	
1 ☐ Burial 2 X Crematic 4 ☐ Donation 5 ☐ Other	on 3 Rem	oval from State		other pla	BERS			**		6/1991			-		
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	100	433				AND ADDRE							
· 2/101	1. Ch	ambeu	W	MC	0091	7	W. W	. CHA	MBEF	S CO.	INC.	, SI	LVEF	20910 SPRING, MD.	
									Interval Between Onset end Desth						
resulting in deeth) LAS		d													
PART II. Other eignifice		ns contributing to	deeth	but not i	resulting	in the				110	PERFOR	MEO?	24	b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO	
EXAMINER?	MEDICAL	HOSPITAL:		=1.85%		OTH	ER:			heck only one)					
1 YES 2 TO		26a, DATE O			26b. TIN			ome 6 - R	saldsnce	6 Other (Sp		M.IIIpv ~	CCUPED		
3.7	Pending Investigation	(Month, i	Day, Year)		IN.	JURY	1	WORK?	□ NO	260, DESCRI	BE NOW I	NJUNY O	CCOHED		
0.000	Could not be determined	28s. PLACE (building	OF INJUR	Y — At he	ome, farm,	atreet, f	ectory, of	ffics			ON (Street s own, State)		er or Rurai	Route Number,	
(Critical Orliny Zink —		EB-On the best of						•		•	•			(s) and manner as stated.	
296. SIGNATURE AND TITLE	E OF ORRIFIE	3						29c, LIC	ENSE NU	MBER -7x		29d. DA	TE SIGNE	(Month, Day floar)	
30. NAME AND ROPPESS O		HO COMPLETED CAL	JSE OF D	EATH (ITE	M 27) (Type	1		PETE		SCHIS			1 1	1+ WA-1	
31. DATE FILEO (Month, Day,	/6ar) 6 '01	32. REGISTR	AR'S SIG	NATURE	Rand		100	nwa	40	NC. DI	. 6	reel	nee	1 1041	
178411 6	U JI	Jun	IN WRU	TO ACCOUNT	Mande	LER									

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-	_	g.
BALTIMORE, MARYLAND 21203-3146	wours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
	in 27 ii	ely filler
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

5 may be retained by the hos	tor, page 5 should be detached	ust be notified at once.
he death certificate be executed within 27 hours after death. Page 6	the attending physician and completely filled in by the funeral direct. Mental Hydiene prior to burial, cremation, or removal.	jury, or other traumatic event, the medical examiner mi
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	HEGISTHAN				CENTIF	ICAIL	. 01			MEC	a. NO.			
	1. DECEDENT'S NAME (First,						MONTH DAY YEAR			3. TIME OF DEATH				
	RAYMO	BURN					MARCH 23, 1991			91	5:00 P™			
	4. SOCIAL SECURITY NUMBI	5. SEX	6. AGE (In yra	. leat birthday)	IF UNDER		IF UNDER		7. DATE OF BIR			8. BIRTHI	PLACE (State or Foreign	
	577 86 7034		1 XM 2 - F	52	YRS.	YRS. MONTHS DAYS HOURS MI			MIN.	(Month, Day, Year)				
- 1	9a. FACILITY NAME (If not ins		9h CITY	Sept. 11, 1938 Wash.										
~	High all a Supplied and a special state.					34 0111,	101111	iii cooniii	011 01 01	2011		SC. 0001	WIT OF DE	O.H.
DIRECTOR	1507 ELKWOOD LA. #201					CA	PITO	L HC	TS.			PRI	NCE	GEORGES
ច្ឆ	10a, STATE	100 CIT	V 70481 0	D 1 0047	1011						404 MOIDS OUTV			
<u></u>		10b. COUNTY			100. 011	TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?						LIMITS?		
	Maryland Prince Georges					apitol Hots.						1 □ YES 2 □ NO		
4	10e. STREET AND NUMBER		10f. ZIP CODE					- 1	10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	1507 E1kwo				2074	2		USA						
<u> </u>	11. MARITAL STATUS	JULI Lici	12. WAS DECEDEN	T EVER IN U.S	ARMED				IIC OBIGIN? (Spe	city Year	v No.		— American Indian.	
	Never Married 2	If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:					Black	White, etc.						
B⊀	3 Widowed 4 Divor	roed	IF YES, GIVE V	WAR OR DATES		'	YES	2 <u>X</u> NO	Specify	r:		Specify: White		
	15 050	EDENT'S EDU	CATION	100	. DECEDENT'S	HEHAL OF	COLIDATIO	N		16b, KIND	OF BUCH	1 Viceouni		ъе
쁘ㅣ		highest grade		100	(Give kind of	work done o			ng	100. KIND	OF BUSI	VE35/INL	7031H1	
ا ۳	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)		,								
물	12				Engi	neer				Mai	nter	nanc	e	
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)						16. MOT	HER'S NA	ME (First, Middle,	Meiden S	urname)		
ш	Charles E.	Henbu	rn					Ма	rv T	. Mulli	n			
<u>m</u>	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	Street a			Route Number, City	-	State, Zic	Code)	
임	Barbara Hur	mah war			011 37		D	0				00	070	
	20a, METHOD OF DISPOSITI			005 01	ACE OF DISPO					Herndon				
	1 NBurial 2 Cremetio	n 3 🗆 Rem	oval from State	oth	er place)								City or To	10.7507
- 1	4 Donation 5 Other			For	t Linc	oln (Ceme	tery		B	lade	ensb	urg,	MD
ļ	21. SIGNATURE OF FUNERAL	L SERVICE LIC	DENSEE	7		22.	NAME A	ID ADDRE	SS OF FA	CILITY W. W	. Ch	amb	ers (·o.
	10/10	1	Kn mllo	13011)	0009									
_	//.//	. 4	number	MUIC		/	17 1	1th	Stre	et, SE,	Was	shin	aton	
- 1	23. PART i. Enter the di shock, or he	saases, or c	List only one car	it coused thi	line.	not enter	tna mo	da or dy	ing, suc	n ss csraisc Di	r respiri	story sn	rest,	Approximate Interval Between
shock, pr heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel									Onset and Death					
	disesse or condition		Metas	tatic	Lung	Can	Cancer							
	resulting in deeth)				NSEOUENCE O									+
_		_												1
CERTIFICATION	Sequentially list conditi		b. DUE TO	(OR AS A CO	NSEOUENCE O	Fi:								+
ĘΙ	If any, leeding to immed cause. Enter UNDERLY!			,										1 1
<u> </u>	CAUSE (Disesse or Inju		C. DHE TO	(OR 40 4 00)	NSEQUENCE O	-								
Ë	that initisted events resulting in death) LAS		DOE TO	(OH AS A CO	MSECUENCE U	r):								i l
띮	Toodking in double EAO		d											
	PART II. Other significa	nt condition	e contributing to	doeth but n	ot moulting	In the re	derivin		oluen In	Dort I 240 1	WAS AN A	UTOBOY	245	WERE AUTOPSY FINDINGS
EDICAL									givan in		PERFORM		240.	AWAILABLE PRIOR TO
욹	Seizure d	ilsord	er, Asthi	na, Me	ntal r	etar	dati	on		10	YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
														1 YES 2 NO
≥													- 1	
<u></u> 1														
AN	25. WAS CASE REFERRED TO	O MEDICAL					26. P	ACE OF F	EATH (C)	eck only one)				
ICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	R:			eck only one)				
YSICIAN:	EXAMINER? 1 YES 2 X NO	O MEDICAL	1 - Inpetient 2			4 🗆 Nur	R: sing Hon	10 5 2 R		8 Other (Spec				
PHYSICIAN:	EXAMINER? 1 □ YES 2 ☒ NO 27. MANNER OF DEATH			FINJURY	28b. TIR	4 🗆 Nur	R: sing Hon 28c. IN. W	io 5 € R IURY AT ORK?	esidence			JURY OC	CURED	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 12 Natural 5	D MEDICAL Pending	1 Inputiant 2	FINJURY	28b. TIR	4 🗆 Nur	R: sing Hon 28c. IN. W	io 5 j⊋ R	esidence	8 Other (Spec		JURY OC	CURED	
BY PHYSICIAN:	EXAMINER? 1	Pending	1 Inputiant 2 28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIR	4 - Nur ME OF JURY M	R: sing Hon 28c. IN. W(IURY AT DRK?	esidence	8 Other (Special Control of the Cont	(Street ar			loute Number,
BY PHYSICIAN:	EXAMINER? 1	Pending Investigation	1 Inputiant 2 28a. DATE Of (Month, i	F INJURY Day, Year)	28b, TIR	4 - Nur ME OF JURY M	R: sing Hon 28c. IN. W(IURY AT DRK?	esidence	8 Other (Spec 28d, DESCRIBE	(Street ar			loute Number,
BY PHYSICIAN:	EXAMINER? 1	Pending investigation Could not be detarmined	1 □ Inpetiant 2 □ 28s. DATE Of (Month, i building	FINJURY Day, Year) OF INJURY — I , etc. (Specify)	28b. TIN IN. At home, farm,	4 □ Nur AE OF JURY M street, fact	R: sing Hon 28c. IN. W(1 tory, office	He 5 1 R HURY AT DRK? YES 2 [NO	8 Other (Spec 28d, DESCRIBE 28f, LOCATION City or Town	(Street arn, Stete)	nd Numbe	r or Rural F	loute Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only CERTI	Pending Investigation Could not be detarmined	1 Inpetiant 2 28s. DATE Of (Month, I building) 28s. PLACE 6 building	FINJURY Day, Year) OF INJURY — A , etc. (Specify) I my knowledg	28b. TIR IN. At home, ferm, e, death occur	4 □ Nur ME OF JURY M street, fact	R: sing Hon 28c. IN. W(1 tory, office	ne 5 € R IURY AT PRK? YES 2 [NO NO	8 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) ((Street arn, Stete)	nd Numbe	r or Rural F	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only CERTI	Pending Investigation Could not be detarmined	1 Inpetiant 2 28s. DATE Of (Month, I building) 28s. PLACE 6 building	FINJURY Day, Year) OF INJURY — A , etc. (Specify) I my knowledg	28b. TIR IN. At home, ferm, e, death occur	4 □ Nur ME OF JURY M street, fact	R: sing Hon 28c. IN. W(1 tory, office	ne 5 € R IURY AT PRK? YES 2 [NO NO	8 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) ((Street arn, Stete)	nd Numbe	r or Rural F	loute Number,
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only CERTI	Pending Investigation Could not be determined PHYS ICAL EXAMINI	1 Inpetiant 2 28a. DATE Of (Month, i	FINJURY Day, Year) OF INJURY — A , etc. (Specify) I my knowledg	28b. TIR IN. At home, ferm, e, death occur	4 □ Nur ME OF JURY M street, fact	R: sing Hon 28c. IN. W(1 tory, office	io 5 12 R IURY AT DRK? YES 2 [NO NO	8 Other (Spec 28d, DESCRIBE 28f, LOCATION City or Town to the cause(s) (time, data and p	(Street arn, Stete)	nd Numbe	r or Rural F	
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 0ne) 2 MEDI	Pending Investigation Could not be determined PHYS ICAL EXAMINI	1 Inpetiant 2 28a. DATE Of (Month, i	FINJURY Day, Year) OF INJURY — A , etc. (Specify) I my knowledg	28b. TIR IN. At home, ferm, e, death occur	4 □ Nur ME OF JURY M street, fact	R: sing Hon 28c. IN. W(1 tory, office	URY AT PRICE 2 [e e e e e e e e e e e e e e e e e e	NO NO no and due	8 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) of time, data and p	(Street arn, Stete)	ner as sta i due to ti 29d. DAI	r or Rural F) and manner as stated. (Month, Day, Year)
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 0ne) 2 MEDI	Pending Investigation Could not be determined IFYING PHYS ICAL EXAMINI	1 Inpetiant 2 28s. DATE Of (Month, i) 28s. PLACE building ICIAN: To the best of certain of the basis of certain of certain of the basis of certain of c	FINJURY Day, Year) OF INJURY — A etc. (Specify) If my knowledge examination an	28b. Till IN. At home, farm, e., death occurred/or investigation	4 Nur AE OF JURY M street, fact	R: sing Hon 28c. IN. W(1 tory, office	URY AT PRICE 2 [e e e e e e e e e e e e e e e e e e	NO NO no and due	8 Other (Spec 28d, DESCRIBE 28f, LOCATION City or Town to the cause(s) (time, data and p	(Street arn, Stete)	ner as sta i due to ti 29d. DAI	r or Rural F) and manner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	Pending Investigation Could not be determined TIFYING PHYS ICAL EXAMINI OF CERTIFIE	1 Inpetiant 2 28a. DATE Of (Month, I) 28a. PLACE (building) ICIAN: To the best of CR: On the basis of COMPLETED CAL	FINJURY Dey, Year) OF INJURY — , etc. (Specify) If my knowledge examination and sexamination 8b, Till IN IN IN IN IN IN IN IN IN IN IN IN IN	4 Nur AE OF JUHY M street, fact red at the toon, in my o	R: sing Hon 28c. IN. WC 1 tory, office	BURY AT PRICE 2 [e e e e e e e e e e e e e e e e e e	NO NO NO NO NO NO NO NO NO NO NO NO NO N	8 Other (Spec 28d, DESCRIBE 28f. LOCATION City or Rown to the cause(s) of time, data and p	(Street arn, Stete)	nd Number as stated to the due to	r or Rural F) and manner as stated. (Month, Day, Year) 1 25, 1991.	
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF Dr. Jay Si	Pending Investigation Could not be determined FIFYING PHYSICAL EXAMINI OF CERTIFIE FERSON WE.	1 Inpetiant 2 28a. DATE Of (Month, I) 28a. PLACE of building ICIAN: To the best of certain of the basis of certain of Completed CAL M. D. 300	FINJURY Dey, Year) OF INJURY — , etc. (Specify) If my knowledge examination and list of DEATH OL BL:	28b, Tin IN IN IN IN IN IN IN IN IN IN IN IN IN	4 Nur AE OF JUHY M street, fact red at the toon, in my o	R: sing Hon 28c. IN. WC 1 D tory, office time, date opinion, c	BURY AT PRICE 2 [e e e e e e e e e e e e e e e e e e	NO NO NO NO NO NO NO NO NO NO NO NO NO N	8 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) of time, data and p	(Street arn, Stete)	nd Number as stated to the control of the control o	r or Rural F) and manner as stated. (Month, Day, Year) 1 25, 1991.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	Pending Investigation Could not be determined FIFYING PHYSICAL EXAMINI OF CERTIFIE FERSON WE.	1 Inpetiant 2 28s. DATE Of (Month, I) 28s. PLACE (building) ICIAN: To the best of CR: On the basis of CR COMPLETED CAL M. D. 300	FINJURY Dey, Year) OF INJURY — I of etc. (Specify) If my knowledge examination and USE OF DEATH D.L. B.L. AR'S SIGNATUR	28b, Tin IN IN IN IN IN IN IN IN IN IN IN IN IN	4 ONUM ME OF JUHY M street, fact red at the ton, in my con, in	R: sing Hon 28c. IN. WC 1 D tory, office time, date opinion, c	BURY AT PRICE 2 [e e e e e e e e e e e e e e e e e e	NO NO NO NO NO NO NO NO NO NO NO NO NO N	8 Other (Spec 28d, DESCRIBE 28f. LOCATION City or Rown to the cause(s) of time, data and p	(Street arn, Stete)	nd Number as stated to the control of the control o	r or Rural F) and manner as stated. (Month, Day, Year) 1 25, 1991.



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	R	EG. NO.							
i	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF I			3. TIME OF DEATH					
1	James Andrew Johns	MONTH O3	26	YEAR	4:00 A 4					
	4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (in yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF E		A DISTA	IPLACE (State or Foreign					
	214-80-8038 M 2 D F Z6 YRS. MONTHS DAYS HOURS MIN.	(Month, Day		Count	verly, Md.					
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF STREET COUNTY, TOWN OR LOCATION			UNTY OF D						
5	RESIDENCE OF DECEDENT									
DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE LIMITS									
FUNERAL DIRECTOR	10a. STREET AND NUMBER 5307 50th Avenue 20737	97		S.A.	WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED #13. WAS DECENDENT OF HISP/ FORCES? 1 YES 2 NO HISP/ IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Markle 1 YES 2 NO Specific Colors, Markle 1 YES 2 NO Specific	en, Puarto Ricar		Blac	E American Indian, k, White, atc. W. White					
COMPLETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION	16b, KIN	ID OF BUSINESS/II	NDUSTRY						
L	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)									
4	9th Grade None Brickmason	Co	nstructi	ion						
M			le, Maiden Surname	_						
Ö	7									
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rura	nia Row		7in Cadal						
2										
.	Roxanne M. Johns (Spouse) 5307 50th Avenue, Riv									
	20s. METHOD OF DISPOSITION (Name of cometery, crematory or other place) 20s. PLACE OF DISPOSITION (Name of cometery, crematory or other place)		20c. LOCATION							
	1 Denetlon 1 Denetlon 1 Removal from State Metropolitan Cremator	ry			Virginia					
	21. SIGNATURE OF FUNERAL SETTICE DESIGNS OF FRANCIS GASCH									
-	4739 Baltimon									
	23. PART I. Inter the dieeeses, or complications that caused the death. Do not enter the mode of dying, su nock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final	ich ee cardiec	or reepiratory	errest,	Approximete Interval Between Onset and Death					
	disease or condition resulting in deeth) Death by HANGING Due to (or as a consequence of):			-	minuter					
CERTIFICATION	Sequentially liet conditions, Due TO (OR AS A CONSEQUENCE OF):									
CAT	ceuse. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):	DUE TO (OR AS A CONSEQUENCE OF):								
	resulting in death) LAST									
Ö	PART II. Other eignificent conditions contributing to death but npt resulting in the underlying cause given i		. WAS AN AUTOPS							
¥	PART II. Other eigninicent conditions contributing to destributing in the underlying cause given i	n Part I. 24	PERFORMED?	241	AVAILABLE PRIOR TO					
DICAL	**	11	TYES 2 NO	OF DEATH?						
뿔					1 - YES 2 - NO					
ä										
¥	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)								
S	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 8 Realdence	a 8 🗆 Other (S)	pecify)							
/ PHYSICIAN: ME	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Noture 5 Pending 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRI	BE HOW INJURY O	OCCURED						
ED BY	2 Accident investigation 3 Suicide 8 Could not be datarmined datarmined		CATION (Street and Number or Rural Route Number, y or Town, State)							
LETE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and described to the control of	ue to the cause(a) and manner es s	stated,						
COMPLET	one) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the		d place, and dua to	the cause((s) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER Deputy Medical 290. LICENSE N	WBER /852	29d. D	3-2	D (Month, Day, Year)					
٥	Double Course Sxaming DO 1 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAUL B. DEVORE, MD 4203 Queen 550	in L	1 Hadi	Ttsu	ill. MD					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	1	الحراب		14 11					
	MAR 27 '91 Julya Davidson-Randale									
	II .				DUMH 16 Day 1/00					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunk-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

*

-	1 - STATE REGISTRAR	CERTIFICATE C	OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle Last) HWALTER	Johnston	NSON	2. DATE OF DEATH	4 9	AR 3. TIME OF DEATH					
		(In yrs. last birthday) IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fore Country)					
/	212 24 4560 1 NAME (If not institution, give street and number)	62 YRS.	YN OR SOCATION OF OR	12/28/28	COUNTY	Maryland					
ECTOR	SOUTHERN NARMAND HUS	DITAL CIT	nton	AIR	Print	e. Genro					
-	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LC	DCATION		11110	10d. INSIDE CITY					
DIR	Maryland Charles	Waldor	£			LIMITS?					
RAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?					
FUNERAL	Route 1 Box 129-A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN										
BY FI	1 Never Married 2\times Married Bronces? 1 YES SIVE WAR OR DO	2 NO If year	yes 2 ND Specify	n, Puerto Rican, etc.)		RACE — American India: Black, White, atc. Specify:					
EDE	15. DECEDENT'S EDUCATION	16a. DECEOENT'S USUAL OCCUP	PATION	16b. KIND OF BUS							
LET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	g most of working	31/2006-12006	KIND OF BUSINESS/INDUSTRY						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Farmer	40 1407145010 111	Farmi ME (First, Middle, Meiden							
EC	James Johnson		12.00	Fowler	Surname)						
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Str	eet and Number or Rural I	Soute Number, City or Tow							
	Lucille Johnson	Rte. 1 Box				land 2060					
	20a, METHOD OF DISPOSITION 1 \(\text{M} \) Buriel 2 \(\text{Cremation} \) Cremation 3 \(\text{Removal from State} \) 4 \(\text{Donation} \) Donation 5 \(\text{Other} \) (Specify)	cemetary, crematory or other place) t Philip's (Th Com 3/	DATE 20c. LO		Marylai					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAM	E ANO ADDRESS OF FA	CILITY		,					
	* Martell adam	AC AC	lams Fune Luasco Ro	d. Aqua	SCO.	MD. 20608					
	23. PART I. Enter the disesses, or complications that caused shock, or heart failure. List only one cause on e	d the death. Do not enter the each line.	mode of dying, suc	h as cardiac or respi	ratory arres	t, Approxima Interval Be Onset and					
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. The fall Farlere										
	resulting in desth) a. DUE TO/OR AS A	CONSEQUENCE OF):	NVC			100					
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING CAUSE (Disesse or Injury	Enter UNDERLYING									
ERTIFICATION	that initiated events resulting in deeth) LAST										
0	d										
- 11						24b. WERE AUTOPSY FIN					
8	PART II. Other significant conditions contributing to death b		lying cause given in	PERFOR	MED?	AVAILABLE PRIOR 1					
MEDICAL	Congestre Heart 70	lun	lon Can		MED?	AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH?					
MED	Congestre Heart 70		lar Las	PERFOR	MED?	AVAILABLE PRIOR 1 COMPLETION OF C					
MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	COTHER:	Lon Las	PERFOR	MED?	AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH?					
MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17 Inpatient 2 ER/Outs 27. MANNER OF OEATH 28. DATE DF INJURY	20b. TIME OF 20b. TIME OF 20b. TIME OF 20b.	6. PLACE OF DEATH (Ch Home 5 Residence	PERFOR	NO NO	AWALABLE PRIOR 1 COMPLETION OF C OF DEATH? 1 YES 2 N					
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	patient 3 DOA OTHER: 28b. TIME OF 1NJURY M 1	8. PLACE OF DEATH (Ch Home 5 Residence . NJURY AT WORK? YES 2 ND	PERFOR 1 YES 2 seck only one) 8 Other (Specify)	NO NO	AWALABLE PRIOR 1 COMPLETION OF C OF DEATH? 1 YES 2 N					
ED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	patient 3 DOA 4 Nursing 28b. TIME OF INJURY M 1 (— At home, farm, street, factory,	8. PLACE OF DEATH (Ch Home 5 Residence . NJURY AT WORK? YES 2 ND	PERFOR 1 YES 2 seck only one) 8 Other (Specify)	NJURY OCCUI	AWALABLE PRIOR T COMPLETION OF C OF DEATH? 1 YES 2 N					
ED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending towestigation 3 Suicide 6 Could not be determined 28. DATE OF INJURY (Month, Day, Year) 29. PLACE OF INJURY building, etc. (Special Coulding) 29. CERTIFIER 1 CERTIFULING BINYELCIAN. To the heat of the latest of	patient 3 DOA OTHER: 28b. TIME OF INJURY M 1 7 — At home, farm, street, factory, city)	B. PLACE OF DEATH (Ch. Home 5 Residence WORK? YES 2 ND	PERFOR 1 YES 2 seck only one) 8 Other (Specify) 28d. OESCRIBE HOW I City or Town, State)	NJURY OCCUI	AWALABLE PRIOR 1 COMPLETION OF C OF DEATH? 1 YES 2 N RED Rural Route Number,					
E	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	2 Determine 3 DOA 4 Nursing 28b. TIME OF 1NJURY M 1 (— At home, farm, street, factory, city) viedge, death occurred at the time,	8. PLACE OF DEATH (Ch Home 5 Residence INJURY AT WORK? YES 2 ND office	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW I 28t. LOCATION (Street City or Rown, State) to the cause(s) and ma	NJURY OCCUI	AWALABLE PRIOR 1 COMPLETION OF C OF DEATH? 1 YES 2 N RED RED					
COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	patient 3 DOA 4 Nursing 28b. TIME OF 18 NURY M 1 (— At home, farm, street, factory, city) riedge, death occurred at the time, on and/or investigation, in my opinion	8. PLACE OF DEATH (Ch Home 5 Residence . INJURY AT WORK? YES 2 ND office date and place, and due on, death occurred at the 29c. LICENSE NUI	PERFOR 1 YES 2 seck only one) 8 Other (Specify) 28d. OESCRIBE HOW I City or Town, State) to the cause(a) and mathme, data and place, and	NJURY OCCUI	AWALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N RED RURAL Route Number, cause(s) and menner as st BIGNED (Month, Day, Year)					
BE COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending trivestigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination 29b. SIGNATURE AND TITLE OF CERTIFIER	patient 3 DOA OTHER: 28b. TIME OF INJURY M 1 7 — At home, farm, street, factory, c/ly) riedge, death occurred at the time, on and/or investigation, in my opinion	8. PLACE OF DEATH (Ch Home 5 Residence . INJURY AT WORK? YES 2 ND office date and place, and due on, death occurred at the 29c. LICENSE NUI	PERFOR 1 YES 2 20ther (Specify) 28d. OESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(a) and matime, data and place, an	NJURY OCCUI	AWALABLE PRIOR 1 COMPLETION OF C. OF DEATH? 1 YES 2 N RED Bural Route Number,					
COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	patient 3 DOA OTHER: 28b. TIME OF INJURY M 1 7 — At home, farm, street, factory, c/ly) riedge, death occurred at the time, on and/or investigation, in my opinion	8. PLACE OF DEATH (Ch Home 5 Residence . INJURY AT WORK? YES 2 ND office date and place, and due on, death occurred at the 29c. LICENSE NUI	PERFOR 1 YES 2 seck only one) 8 Other (Specify) 28d. OESCRIBE HOW I City or Town, State) to the cause(a) and mathme, data and place, and	NJURY OCCUI	AWALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N RED RURAL Route Number, cause(s) and menner as st BIGNED (Month, Day, Year)					

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

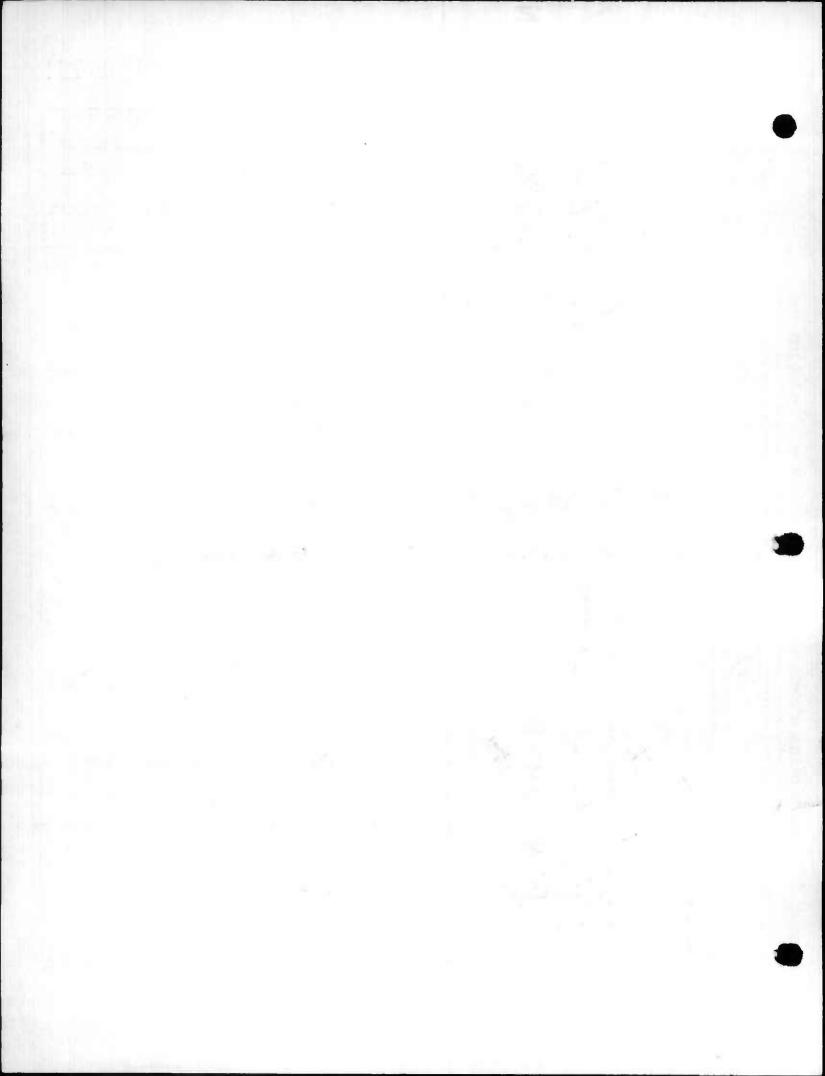
Louis Steinberg
31. DATE FILED (Month, Day, Year)
MAR 18'91 Gist

FOR STATE REGISTRAR		STATE OF M	ARYLAN			OF HEALTH AN OF DEATH	D MEN	NTAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)	Ida I	ee Ju	stus			1	DATE OF DEATH DATE OF DEATH DATE		3. TIME OF DEATH 9:37 AM
4. SOCIAL SECURITY NUMB	5	5. SEX	6. AGE (In yr 83	YRS. MO		DAYS HOURS MI	A. A	Month, Day, Year)	907 No	BIRTHPLACE (State or Foreign Country) orth Carolina
5812 63rd A	ve.	street and number)		96		own on Location o erdale	F DEATH			e Georges
10e. STATE Maryland	10b. COUNT	v ce George	:S	10c. CITY, TO						10d. INSIDE CITY LIMITS? 1 YES 2 T NO
5812 63rd	Ave.					101. ZIP CODE	2073	7		ted States
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	X NO	lt y	S OECENDENT OF HIS res, specify Cuben, Me YES 2 1 NO S	exicen, Pu		or No.— 14	RACE — American Indian, Black, White, etc. Specify: White
15. DEC (Specify onl) Elementary/Secondary (0	EDENT'S EDU highest grade	CATION completed) College (1-4 or 5 +		Give kind of work	done dur tired.)	UPATION ing most of working		Own Ho		ВТЯЧ
17. FATHER'S NAME (Flint, M. William B.		t		Homemak	CI	18. MOTHER'S		First, Middle, Meiden		
190. INFORMANT'S NAME (7) Myra Freema	iype/Print)					Street and Number or Reerry Lane	ural Route	Number, City or Tow		20715
20a. METHOD OF DISPOSITI	n 3 🗆 Rem	noval from State	oth		ON (Neme	of cemetery, crematory		20c. LO	CATION — CH	ty or Town, State
≥ Robert	E. E	vans.	P	res.	22. NA	Beall-Eva	ns F	v uneral H	lome, I	
23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	List Dnly Dne cau	se on each	line.	enter th	ne mode of dying,	auch ea	cardiac or reap	iratory srres	Approximate Interval Between
Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING Iry	c		NSEQUENCE OF):						
PART II. Other significa	nt condition	ns contributing to	death but a	not resulting in t	he unde	erlying cause give	n in Pari	24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatio		THER:	26. PLACE OF DEATH		Other (Specify)		
	Pending Investigation	28a. OATE OF (Month, De		28b. TIME O	F 2	8c. INJURY AT WORK? 1 YES 2 NO	280	d. DESCRIBE HOW	NJURY OCCU	RED
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE Of building,	etc. (Specify)	At home, farm, stre-	et, factor	y, office	281	LOCATION (Street City or Town, State)	end Number or	r Rural Route Number,
onel						e, date end place, end nion, death occured at				i. cause(a) and manner as stated.
296. SIGHATTINE AND TITLE	or centre	when	-			DI 2				SIGNED (Month, Day, Year)

Landover

Landover My

DHMH-16 Rev 1/89



Pages

permit.

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FUNERAL

BY

COMPLETED

2

must medical examiner the other traumatic event. 0 Injury. Realth and N pt. of Health and 3 shows any li certificate has been the State Dept. of the State Dept. of them 23 sl

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLET

BE

2

marked, with w

.00 6

IMPORTANT:

After 1 death

FUNERAL DIRECTOR: A within 72 hours after de

DR ATTENDING PHYSICIAN: The law **DIVISION OF VITAL**

HOSPITAL

TO THE P

09752 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR Elizabeth DORA **JACOBS** 03 199 9:30P M 7. DATE OF BIRTH (Month, Day, Year) 10-06-15 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 X F 214-03-4297 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH **Doctors Hospital** Lanham Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's New Carrollton 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 6451 Fairborn Terrace 20784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes. specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rice

1 VES 2 NO Specify: 1 Never Married 2 Married
3 Widowed 4 Olvorced white 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) Coffege (1-4 or 5+) 8th J.S. Gov't. Printing Office Binder 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Mordecai Jaçobs Dora Shuman 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (TransPrint) Louis B./ Reedy, 6451 Fairborn Terr., New Carrollton, Md. 20784 LACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State etary crematory or other place)
Lincoln Cemetery 03-18-9 Brentwood, Maryland FRANCIS GASCH'S SONS FUNERAL HOME 1739 Balt., Ave., Hyattsville, Md. inter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ock, or heert fellure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition BRAIN STEM INFARCTION resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): RENT PALLERE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CONGETTIVE HEART PALLARE
OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events reaulting in deeth) LAST DUARGIES MENITUS.

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Num ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIE

29c. LICENSE NUMBER 215820

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

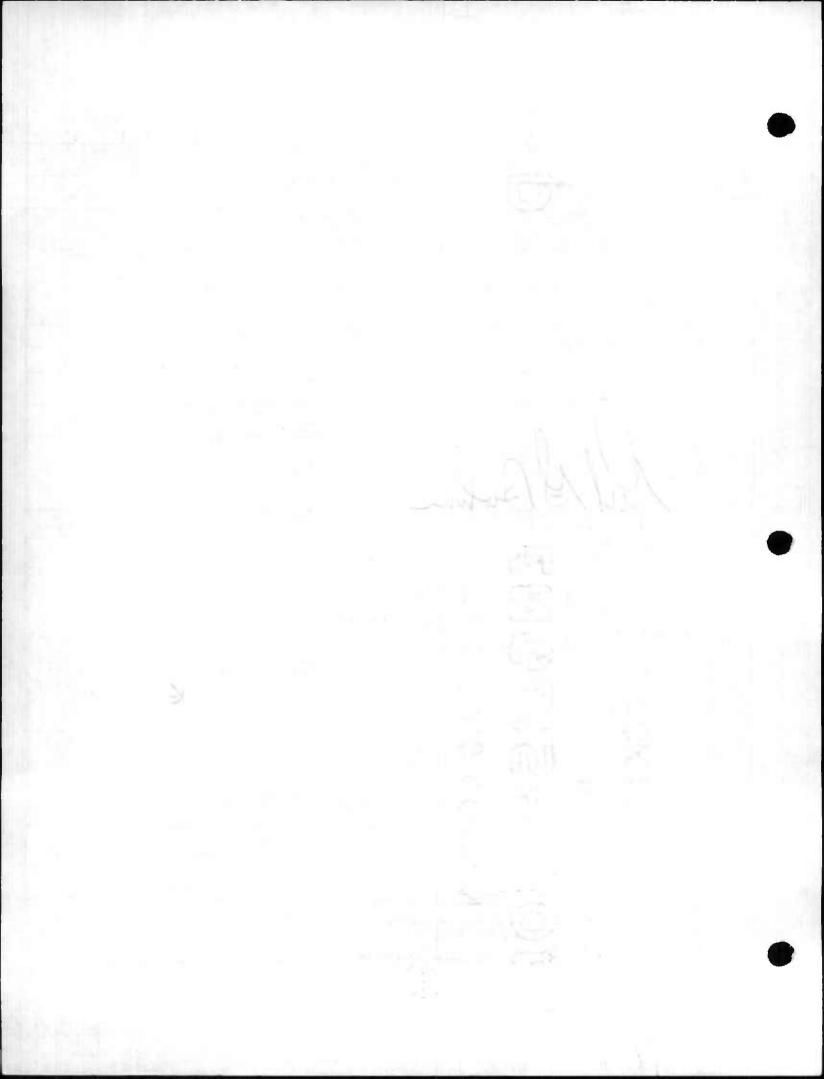
3415 Hamelon St by ATT SUNTE MS 20782 HONG LIZE and

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randale

DHMH-16 Rev 1/89



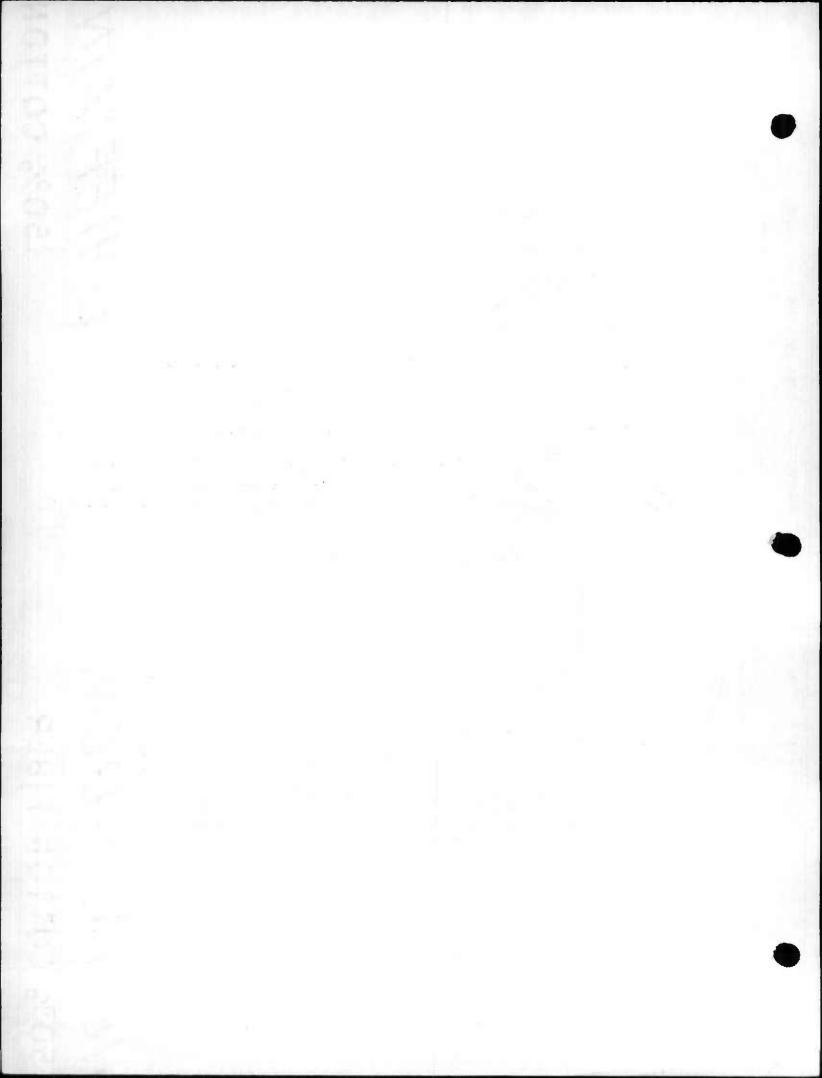
DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

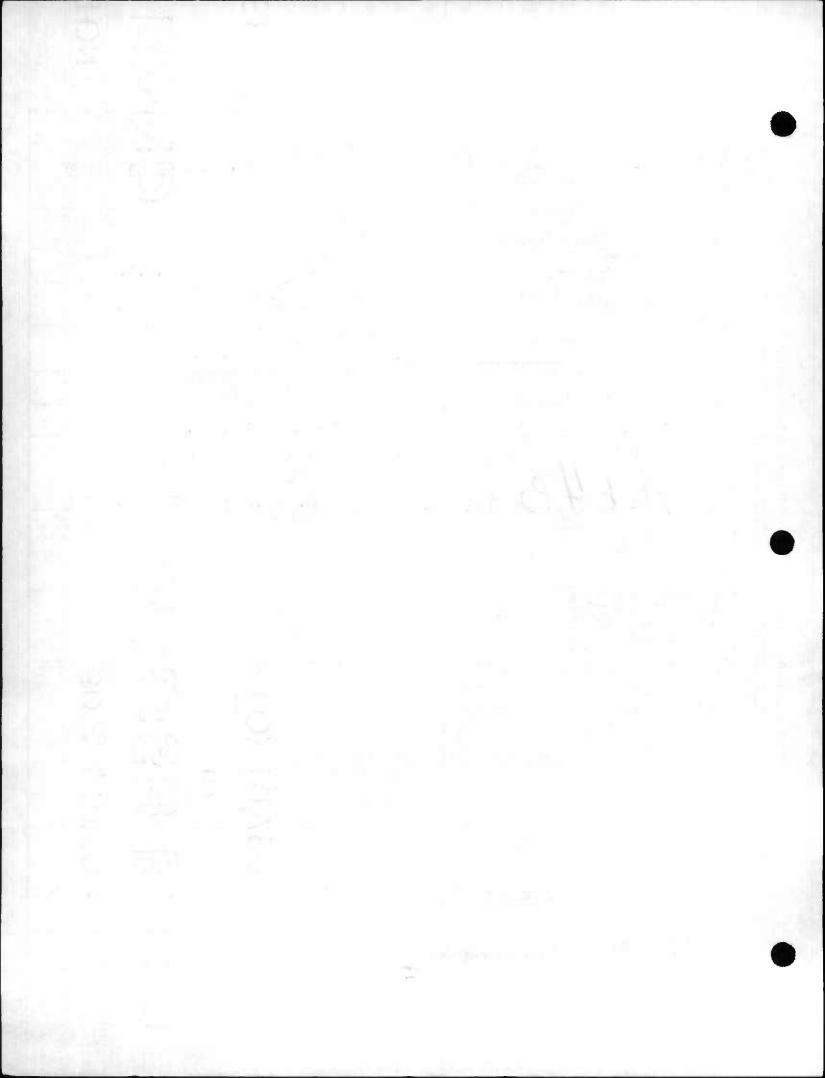
REGISTRAR		C	ERTIF	ICATE	OF	DEATH	1	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)							2. OATE OF	OEATH		3. TIME OF OEATH
Mary Frances	Jackson						03	18	91	4:25 p
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	est birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign
578-26-6779	1 □ M 2 🎇 F	92	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	8/1898	War	e, Mass.
Da. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN	OR LOCATION OF D	EATH	9c.	COUNTY OF	DEATH
Sacred Heart Home	e, Inc.			Н	yatı	tsville			Pr.	George's
0a. STATE 10b. COUNTY			10c, CIT	ry, town o	R LOCAT	TION				10d. INSIDE CITY LIMITS?
Maryland Pr. G	eorge's			Hya	tts	ville				1 X YES 2 NO
5805 Queens Chap					101	2078	2	10g	CITIZEN OF	WHAT COUNTRY?
	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.1	WAS DEC	ENDENT OF HISPA		Specify Van or No		E — American Indian,
Never Married 2 ☐ Married ☐ XWidowed 4 ☐ Divorcad		YES 2 K			f yes, sp	ecity Cuben, Mexic 2 NO Speci	an, Puarto Rica		Spec	ck, White, etc.
15. OECEDENT'S EDUC	ATION		ECEOENT'S				16b. KI	ND OF BUSINES:	S/INDUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of te. Do NOT u	work done (ise retired.)	during mo	ast of working				
Unk.			C1	erk			U.	.S. Gov	t.	
FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First, Mide	die, Maiden Surna	me)	
Michael Cahil	1					Nel	lie Ho	lland		
a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	G ADDRESS	(Street	and Number or Rural			e, Zip Code)	
Samuel Jackson						d. Falls				
a. METHOD OF DISPOSITION		7				metery, crematory or	Citati	20c. LOCATIO		Court State
☐ Buriel 2 ☐ Cremation 3 ☐ Ramo X.Donation 5 ☐ Other (Specify)	val from State	other	olace)			al Schoo	.1			
. SIGNATURE OF BUNERAL SERVICE LICE	NSEE //	, Geo	· was			ND ADDRESS OF F		Washi	ng con,	р.с.
1		1		-		umbia Mo		y Servi	ces. I	inc.
Meland	/ len	dr			225	Missour	ci Ave	NW Was	hingto	n,D.C. 20
Sequentially list conditions, f sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events eaulting in death) LAST	DUE TO	(OR AS A CONS	EOUENCE C	DF):		faller				7233
	•									
Fenil Other significant conditions	contributing to	death but not	t resulting	in the ur	nderlyin	g cause given in		PERFORMEO		WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE!	Bernand	LACE OF DEATH (C		Specify)		
. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L	FINJURY Day, Year)	26b. TH		26c. IN.	JURY AT DRK? YES 2 NO		RIBE HOW INJUR	Y OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28s, PLACE (building)	of INJURY — At I	home, farm,	, street, fact				ON (Street and No Town, State)	umber or Rural	Route Number,
CERTIFIER (Check only One) MEDICAL EXAMINER										(a) and manner as state
DE SIGNATURE MAN TIME OF CERTIFIER										
1/////						29c, LICENSE NU	72-6	296	DATE SIGNS	(Month, Day, Year)
1 March	COMPLETED	05 05 05 05				00	40		7/1	0/7/0
O. NAME AND ADDRESS OF PERSON WHO PETER M SCH	755LE	RAD	770	o, Print)	vec.	avery (46	V. Cra	estal	ty 207
MAD 2 1 O 1		AR'S SIGNATURE				t				/



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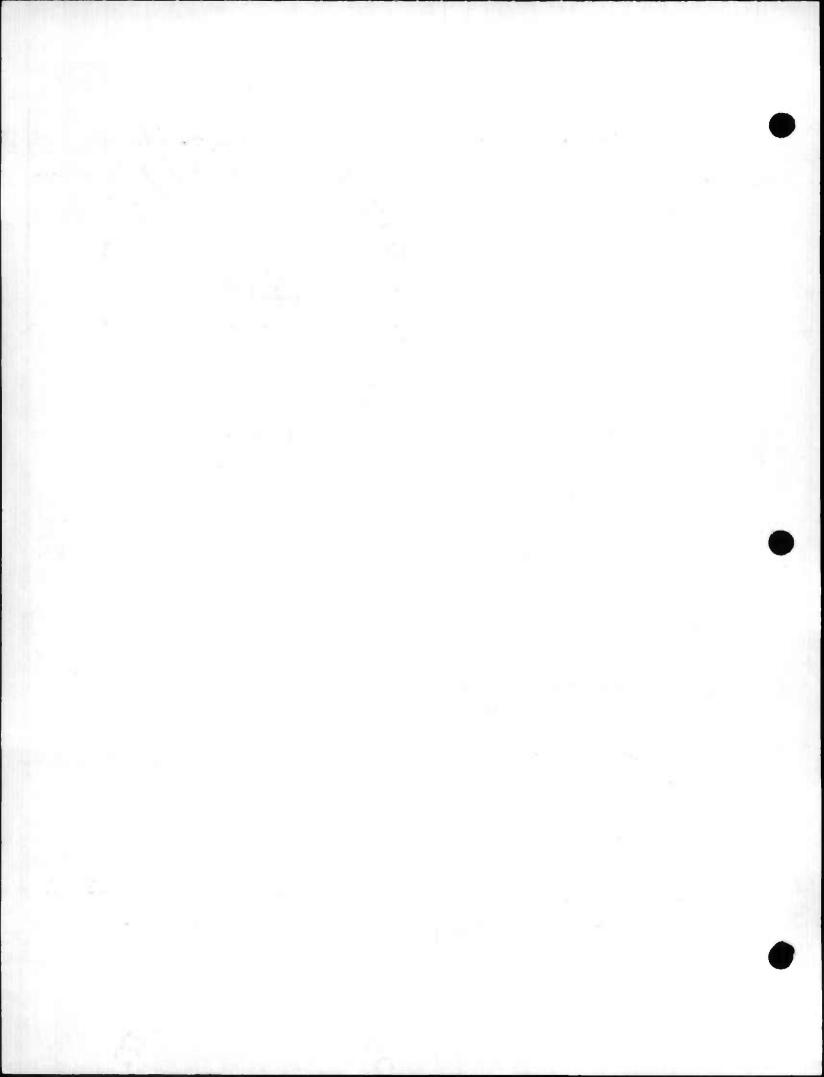
	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las George	L.	Jackson			2. DATE OF DEATH	AY YI	EAR	ME OF DEATH
1	4. SOCIAL SECURITY NUMBER 578-10-7741	1 💥 M 2 🗆 F 🛛 8	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	7	Jan. 19,	8.	BIRTHPLACI	E (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give Calvert Memore Presidence of December 1		al		or Location of DEA		ec. COUNTY	of DEATH	,
DIRECTOR	10a. STATE 10b. COUR	e Arundel		y, town or Loca Lothian	TION			1	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	175 Sonny's Cou				1. ZIP CODE		U.S		OUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 NO	If yes, or	CENDENT OF HISPANIC Becify Cuban, Mexican, B 2 NO Specify:		s or No.— 14.	RACE — Ar Black, Whit Spacify: White	
ONPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12) 1 2th		16e. DECEDENT'S (Give kind of a life. Do NOT us Mechani		ON ost of working	Diesel	SINESS/INDUS	TRY	
111	17. FATHER'S NAME (First, Middle, Leet) George Bruffe J	ackson			Bessie W				
2	Daisy B. Jackso		175 Sc	onny's C	ourt, Lot	hian, Md	. 2071	1	
er must be	20. METHOD OF DISPOSITION 1 X Burial 2 Committee 3 Re 4 Donation to Country (Security) 27740 YUSE OF SUNERAL SERVICE		Cedar Hi	II Cemet	ery 03-21	-91 Sui	it land,	Mary	land
ехашиес	Mark H	- Broke	um	4739	ND ADDRESS OF FACI ICIS GAS Balt. Ave	., Hyatts	ville,	Md. 2	
de la company de	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Anemia	HUDO	tenster	1	as cerdiac or resp	eliretory arread	1	Approximate interval Between Onset and Deet 24 hrs
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	- b. Gustrom DUE TO (OR AS Preumon	terthan	Bleed Tuber	Me		÷		48 hrs Days
ERTIFIC	that initisted events resulting in death) LAST	d	A CONSEQUENCE O	F):					
EDICAL	PART II. Other algoriticant condit Left Hip Artertasclout	ons contributing to death Fracture - Cardiova Insufficience	Enpatier	Direase		art I. 24a. WAS AP PERFO 1 _ YES	RMED?	COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH? YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (Chec		-7/		
marked, or BY PHYS	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year	Y 26b. TIN	ME OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	RED	
E C	3 Suicide 6 Could not a determined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, pecify)	street, factory, offi	ce	281. LOCATION (Street City or Town, State		Rural Route I	Number,
COMPLET	one)	YSICIAN: To the best of my kno INER: On the basis of examinat						: :ause(a) and	manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	Sterner	MD.		DIDAY			igned (Mon	th, Day, Year) 18, 1991
10	30. NAME AND ADDRESS OF PERSON Gerald Stern		DEATH (ITEM 27) (Type		nce Fre	derick,		1	

Julia Savidson-Randalle



OF VITAL RECORDS, P.O. BOX 13146. BALTIMORE, MARYLAND 21203-3146	in hours at filled in by on remove the medical
DIVISION OF VITAL RECORDS. P.	THE HISPITAL OF ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent be filed within 72 hours after death with the State Dept. of Health and Mental HimPORTANT: If Ifem 28 is marked, or lifem 23 shows any Injury, or

1	FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTAL	HYGIEN		U	213	J
	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			TIME OF DEAT	TN .
	A.			Jack	Karme	1				MONTH	2	3 9	7	1:40	Ам
1	4. SOCIAL SECURITY NUMBER	P.	5. SEX	6. AGE (In yrs.	last birthday)		7	IF UNDER			OF BIRTH , Day, Year)		BIRTNPL	ACE (State or Fo	oreign
	577 12 3084		1 🔀 M 2 🗌 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct	15	0101		ngton	D.C.
	9e. FACILITY NAME (If not ins	titution, give st	reet and number)			9b. CITY	, TOWN	R LOCATI	ION OF D	EATH	-	9c. COUNTY			
DIRECTOR	PRINCE GEORG	E'S H	OSPITAL	CENTER		CH	EVER	LY				PRINC	E G	EORGE !	S
Ä	10e. STATE	10b. COUNTY			10c. Cl	TY, TOWN	OR LOCAT	ION					10	INSIDE CITY	1
	Maryland	Princ	e George	S	В	owie							- 1	YES 2	NO
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZEN	OF WHA	AT COUNTRY?	
E	15731 Poir	nter R	idge Dri	.ve				207	16			Unit	ed S	tates	
5	11. MARITAL STATUS		12. WAS DECEDED	T EVER IN U.S.		13.				NIC ORIGIN on, Puerto F	? (Specify Ye	s or No 14.	RACE -	Americen Indi White, atc.	en,
78	1 Never Married 2 X 1 3 Wildowed 4 Divor		IF YES, GIVE	MAR OR DATES					Specif	tv:	Vo		Specify:	White	
ED E		DENT'S EDUC	1944-		DECEDENT		A COLUMN TU	201				SINESS/INDUS	YEW	MILCO	
E	(Specify only	highest grade	completed)		(Give kind of life. Do NOT	work done	during mo	at of work	ing	100.	KIND OF BU	SINESS/INDUS	Int		
١٣	Elementary/Secondary (0-	12)	College (1-4 or 5		Clerk					1	T.S. G	Governm	ent		
COMPLET	17. FATHER'S NAME (First, Mic	idia Lasti			OLCIN	·		10 MOI	HED'S NA		Middle, Maider		CIIC		
	Abraham Ka							Ma		Zeli		Contiente			
BE	19e. INFORMANT'S NAME (7)				195 MAILIN	G ADORES	S /Street					vn, Stete, Zip Co	rde)		
2	Phyllis N.											e Mary		1 20716	5
1	20a. METHOD OF DISPOSITI		-	20b, PLA	CE OF DISPO					DIIV		OCATION — City			_
	1 X Burlel 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	oval from State	othe	land					***		eltenh			
	21. SIGNATURE OF FUNERAL		ENSEE	- mary	zand				ESS OF F		1 01	lerteiii		larytai	10
ij	D1.	1 0	6		D							ome, P.			
- 3	Docum		War		100							wie Ma			
	23. PART I. Enter the dis shock, or he		List only one ca			not ente	r the mo	ode or d	ying, su	cn ss csrc	nec or resp	oretory erres	ι,	Approxim	etween
	IMMEDIATE CAUSE (Fin disease or condition	sl	· PUL	MAN	AD V		FIL	310	8/9	ζ.				Onset an	d Desth
Į.	resulting in desth)	→		OR AS A CON			1 1 '	,,,,	010					2/	K >,
	د		DOE	OH AS A CON	SECUENCE	OF):								1	
CERTIFICATION	Sequentially list conditi		b. DUE TO	OR AS A CON	SEQUENCE	OF):								1	
AT	If eny, leading to immed cause. Enter UNDERLY!	NG													
F	CAUSE (Disease or Inju- that initiated events	LY	DUE TO	OR AS A CON	SEOUENCE	OF):									
E	resulting in death) LAS		d.												
- 11	DARY II Other clealities	at non-titles	a sout-thutles t	a death hut a	et seculting	- In the t	am al mala al a		elisee le	n Dort I	24a, WAS A	N AUTODOV	1 245 11	VERE AUTOPSY	EINDINGS
M	PART II. Other significa	ACA	BLADD	13 R	CAR	Cliv	OM	g cause 4	given ii	n Pert I.		RMED?	A	MAILABLE PRIOR	R TO
MEDICA	- Tou	1 117	The D	IABE	700		-, -,	,			1 TYES	2 NO		OF DEATH?	CHUSE
M			<u>U</u>	IMDE	-16-	١							1	YES 2	NO
Ä									DE 4711 40	heck only o					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	_======================================		OTHE	R:								
ΥS	1 YES 2 NO		1 Distinguished 2			4 □ Ni	-	JURY AT	Residence	6 Oth		INJURY OCCU	BED		
	\	Pending		Day, Year)		NJURY	W	ORK?	□ NO	200. 00	JONIDE HON	INDUNT CCCC	THE D		
ВУ	2 Mocideria	Investigation	28e PLACE	OF INJURY A	t home ferm	alread fo				281 1 00	CATION (Street	t end Number or	Rural Bo	ute Number	
8		Could not be determined		, etc. (Specify)		,,	,,			City	or Town, Stat	0)			
ET	29a. CERTIFIER														_
COMPL	(Check only		ICIAN: To the best												Codestand
8			ER: On the basis of	examination ent	DOT INVESTIGE	KION, IN IN	opinion,				a end piace,	_			BIEROG.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	R/ V	- 4	1	10		29c. LI	CENSE M	UMBER C//	261	29d. DATE I	HIGNED (23/	91
0			10 COMPILETON OF	USE OF DEATH	OTEN AT C	1 1	4.5		12	07	17	1/ 1/	2/	23/	11
	30. NAME AND ADDRESS OF		REEN	1	OIA		20	CH	JPP!	EL	Kisi	12 LBO1	20	MO)
	31. DATE FILED (Month, Day,	Year)	0	RAR'S SIGNATUI									20	772	
	MAR 25 '91		Jula David	son-Rand	مالاك										

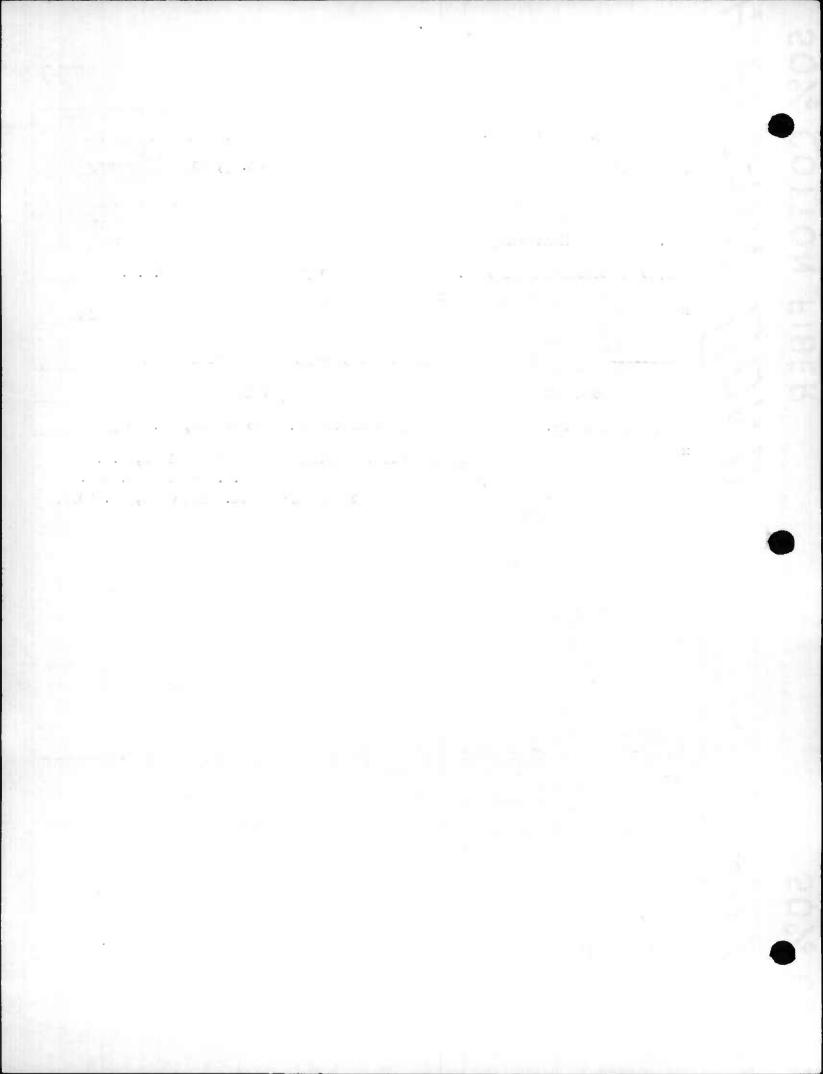


TO BE COMPLETED BY FUNERAL DIRECTOR

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G PHY	er this	Jarke
NON	R: Afte	Is n
ATT	RECTO In aff	m 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 72 hours after death with the State Deut, of Health and Mental Horiene orior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPIL	UNER	ANT
THE H	THE F	ORT
P	22	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AN	ID MENTA	L HYGIENE REG. NO.	91	09130
1. OECEOENT'S NAME (First, Middle, Las	0				OF OEATH		3. TIME OF DEATH
Henry	ruse Sr.			Ma		1991	3.15 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	FUNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE	OF BIRTH	-//-	THPLACE (State or Foreign
072-09-2852	1√2 M 2 □ F	85 YHS. MC	ONTHS DAYS HOURS M	N. (Monti	13,1905		intry)
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION O			COUNTY OF	ermany
	AND CONTRACTOR			A DEATH	90	COUNTY OF	DEATH
Montgomery G	<u>eneral Hosp</u>	ital	Olney			Mont	gomery
10a. STATE 10b. COUN			OWN OR LOCATION				10d. INSIDE CITY
3/43	Van Luanina						LIMITS?
Md	Montgomery		Olney				15 YES 2 NO
			10f. ZIP CODE		101		F WHAT COUNTRY?
	ors Forest Rd	l	20832			U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF HI			0- 14. RA	CE - American Indian, ack, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		If yes, specify Cuban, M		rican, etc.)		ecity:
3 22 Wildowed 4 Divorced							White
15. OECEDENT'S Et (Specify only highest gra	DUCATION de completed)	16a. OECEDENT'S US	UAL OCCUPATION done during most of working	16b	KIND OF BUSINES	S/INOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)				
	4	Owner of	f Restaurant		Restau	rant	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (First, I	Middle, Maiden Surn	ime)	
UNKN	OMIN			UNKN		,	
19a. INFORMANT'S NAME (Type/Print)	Only	401 1141 110 44					
	Tee		DORESS (Street and Number or F				0922
	Jr.		Holberton La.				
20a, METHOO OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Re	moval from State	other piece)	ON (Name of cemetery, cremator)		20c. LOCATIO	DN — City or	Town, Stata
4 Donetion 6 Other (Specify)	N	Middle Pate	ent Cemetery		Banksv	ille,	N.Y.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE # 670	,	22. NAME AND ADDRESS C	F FACILITY W	.W.Chemb	ers C	o. Inc.
m7/ S	1						
C serionos J	. Crame	Jr.	5801 Clevel				Md. 20737
23. PART i. Enter the diseases, o	r complications that cause b. List only one cause on	ed the death. Do not	anter the mode of dying,	such as care	diac or respirato	ry arrest,	Approximate interval Between
IMMEDIATE CAUSE (Final	or Elat only one Education	/					Onset and Death
disease or condition	1/11	water	Iller				15 days
resulting in death)	BUE TO (OR AS	A CONSEQUENCE OF:	//				(Resy)
	GH	Themers	ulas deseave				į
Sequentially list conditions,	DUE TO JOR AS	A CONSEQUENCE OF):	active				
if any, leading to immediate cause. Enter UNDERLYING							j
CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF:					
that initiated events resulting in death) LAST	DUE TO (ON AS	A CONSEQUENCE OF):					i
	d						
PART II. Other aignificant conditi	one contributing to death	but not resulting in	the underlying cause give	n in Part i	24s. WAS AN AUT	neev 2	4b. WERE AUTOPSY FINDINGS
11 0			are arranging cause give		PERFORMED		AMAILABLE PRIOR TO
neen	conde				1 YES 2	10	OF DEATH?
	/					- 1	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEAT	H (Check only or	ne)		
EXAMINER?	HOSPITAL: 1 □ inpetient 2 □ ER/Ou		THER: Nursing Home 5 Reside	A [] Oth-	or (Percent)		
27. MANNER OF DEATH	28a. DATE OF INJURY			_	SCRIBE HOW INJUI	W OCCUPED	
1 Natural 5 Pending	(Month, Day, Year)		WORK?	11/10/20	COURSE HOW INSU!	OCCUMED	
2 Accident Investigation			M 1 YES 2 N	_			
3 Suicide 6 Could not b	building, etc. (Sp	ty — At home, farm, streecity)	et, factory, office	28f, LOC City	CATION (Street and It or Town, State)	lumber or Run	al Route Number,
4 Homicide determined							
29a, CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my kno	orlados dasth occurred	at the time data and place an	d due to the co	use/s) and manner	as stated	
anal	NER: On the basis of examinati						e(s) and manner so stated
1				uire, uau	prove, and du	- 10 014 0505	To and market as stated.
29b. SIGNATURE AND TITLE OF CERTIF	NER C		29c. LICENSI	ENUMBER	29	d. DATE SIGN	IED (Month, Day, Year)
/ Unilan DJ	allen Mil		-			3 -	31-91
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	int)				
31. DATE FILED (Month, Day, Year)	1 CE PHULIN 132. REGISTRÁR'S SIG	Dr Olnay	11/2/2	2 1	1 ICH AEL	7.	SULKIN MI
APR 2 - '91	gulia David						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a footus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

20 mrteieb	a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of a									nd manner as stated.
	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	(Month, D		INJURY M	1 YES		28f. LOCAT		nd Number or		te Number,
25	WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28a. DATE OF		DOA 4 N			6 Other (- "	JURY OCCU	RED	
IN: MEDICA	ART II. Other eignificant condition	a contributing to	death but not re	eaulting in the t	underlying cau	ise given in		4e. WAS AN / PERFORI	NED?	AA CX	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
the Country of the Co	equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events souting in death) LAST	DUE TO	(OR AS A CONSEC	etast	atić	to	bro	ain	£ 60	20	189
III.	AMEDIATE CAUSE (Final lesse or condition southing in death)	List only one cau	Se on each line. COR AS A CONSECUENCE CON SOME	atory	A 200 1	res	Com	OIN			Interval Between Onset and Death
	SIGNATURE OF FUNERAL SERVICE LIC	. ell.	caused the de	0827 9	Rapp Fur 33 Gist or the mode of	Ave,	Silve	er Spi	ring,		20910 Approximate
1 [☐ Burial 2 ☐XCremation 3 ☐ Remo ☐ Donation 5 ☐ Other (Specify)	N. S. S. S. S. S. S. S. S. S. S. S. S. S.	other pla	Suburt	an Crem	natory		Silv	ation — ch /er Sp		
	Allen King	(Husband	1)	Same as	#10		riume Number,				
	FATHER'S NAME (First, Middle, Last) Harold B. INFORMANT'S NAME (Typo/Print)	Maue	100	, MAILING ADDRE	(Olive	AME (First, Mid		Koeh		
17.	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)) (Gh	CEDENT'S USUAL We kind of work don Do NOT use retired. OKKEEPEI	e during most of w		Lil	orary	NESS/INDUS	TRY	
3 (MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	IF YES, GIVE W	YES 2 N		I. WAS DECENDED IN year, apocify (Suban, Mexico	in, Puerto Ric	Specify Yes (en, etc.)	or No- 14	RACE Black, W Specify:	American Indian, white, etc.
ERA	STREET AND NUMBER 12707 Kincaid Lar				101. ZIP (715			Unite		ates
104	a. STATE 10b. COUNTY	e George'	S	Bowie	OR LOCATION						d. INSIDE CITY LIMITS? X YES 2 NO
- 10	12707 Kincaid Lar				wie	CATION OF D	EAIH		Princ		eorge's
	290-24-2685 FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	61	YRS. MONTHS	1	RS MIN.	July	Day, Year)	929	Country)	Ohio
	FREDERICKA SOCIAL SECURITY NUMBER	M.	6. AGE (In yra. lest	KING	ER 1 YEAR IF U	NDER 24 HRS.	MARCI		, 199		6:35 P

5401 Western Ave, NW

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
GINE DAY COM Pandale

M.D.

Alison Martin,

'9

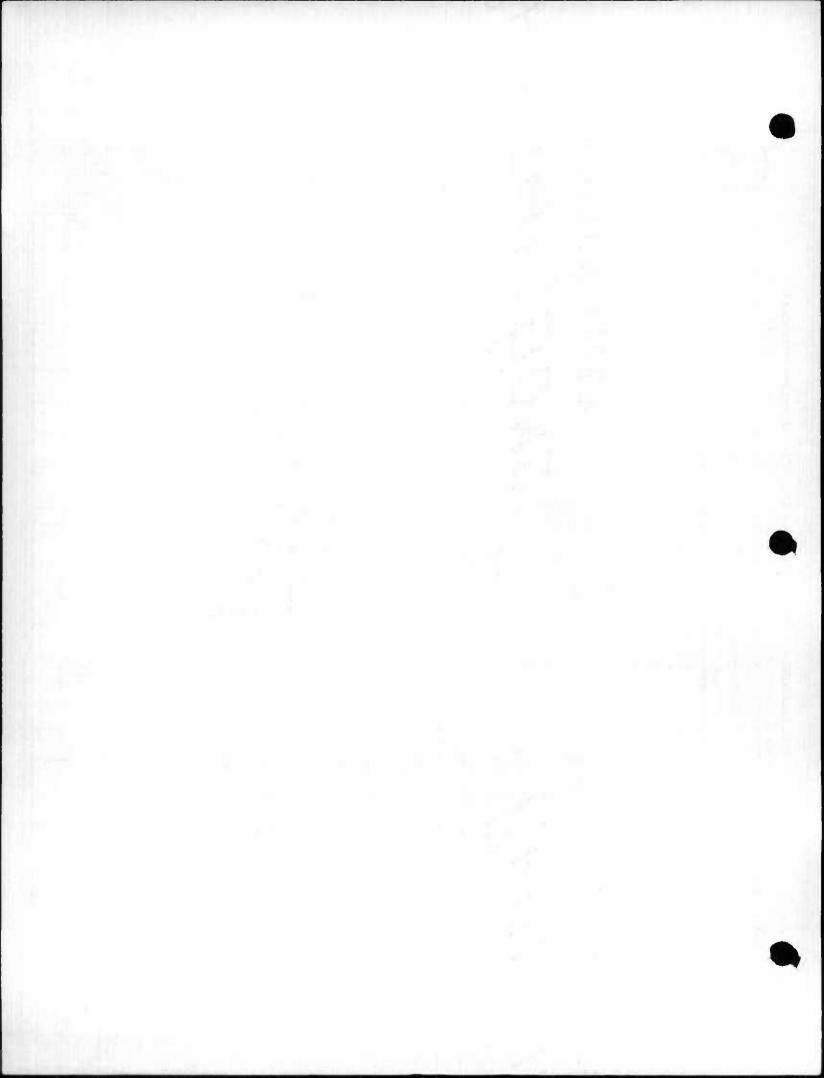
31. DATE FILED (Month, Day, Year)

APR

20015

Washington,

DC



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE		ICATE (F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		***	-			2. DATE OF	DEATH			3. TIME OF DEAT	Н
	ROBERT ALLEN KER	TZ					MARCH			91	12:25	A M
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	BIRTH	/	8. BIRTH	HPLACE (State or Fo	
	579-46-6087	1 🕅 M 2 🗆 F	56	YRS.	MONTHS DA	S HOURS MIN.	MARCH	1 27	1934	Counti	ry)	
1	9a. FACILITY NAME (If not institution, give str	set and number)			9b. CITY, TO	VN OR LOCATION OF C	_	. ~,		JNTY OF O	DEATH	
DIRECTOR	NIH, THE CLINICAL	CENTER			BETH	ESDA, MARY	YLAND		МО	NTGO	MERY	
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWH OR L	CATION					10d. INSIDE CITY	
8	VIRGINIA Ar1	ington		ARL	INGTON						1 X YES 2	NO
A	10e. STREET AND NUMBER	- is con-				10f. ZIP COOE			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	2818 xx S. ABIN	GDON STR	EET #1A			22206			US	Α		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI			DECENDENT OF HISPA				14. RACI	E American India k, White, etc.	ın,
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 N	0		s, specify Cuben, Maxic YES 2 NO Spec		n, etc.)		Spec		
0	15. DECEDENT'S EDUC				USUAL OCCU		16b. Kil	ND OF BUS	SINESS/IN	DUSTRY		
ш	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ma	Do NOT u	vork done durin se retired.)	g most of working						
릴		4 Yrs	Cust	omer	Servi	ce Office	rA	irli	ne Ir	ndust	trv	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N						
BEC	Un	known				Unk	nown					
	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (St	set and Number or Rura	Route Number,	City or Town	n, State, Zi	ip Code)		
2	ROBERT MORROW			SAM	E AS A	BOVE						
	20a. METHOD OF DISPOSITION 1 □ Burial 2X Cremetion 3 □ Ramo	wel from State	other pie	(eco		f cemetery, crematory or		20c. LO	CATION -	- City or To	own, State	
	4 Donation 5 Other (Specify)	var nom stata	Iee	10	Cremato	ry		Wash	ningi	ton,	D.C.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	on		-	E AND ADDRESS OF F						
	A HI MA	ersha				shall's F					D 0 0	2011
	23. PARY I. Enter the diseases, or co	omplications that	caused the de	ath. Do i		7 9th Str mode of dying, su					Approxima	
	ahock, or heart failure. L	•									Interval Bo	
	IMMEDIATE CAUSE (Finel disease or condition	Resp	piratory	/ Fai	llure	0						
	resulting in death)	DUE TO	piratory or as a consec	UENCE O	F1:	VIC					Dag	
_		0	umon	, 6							Da.	_
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate		OR AS A CONSEC	UENCE O	F):		-				7	
S	ceuse. Enter UNDERLYING	tler	pes	20	5 Le						Yeur	5
Ĕ.	CAUSE (Diseese or injury that initiated eventa	DUE TO	OR AS A CONSEC	UENCE O	F):	1				,		
E	reaulting in deeth) LAST	Acqui	red' 1	Cm.	~~~e	deho	1014	5	5 00	100	1 Tec	11
	PART II. Other algnificent conditions	contributing to	deeth but not re	eaulting	in the under	Lefac	n Part i. 24	In. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FI	NDINGS
<u>8</u>						, and a court of the court of		PERFOR	RMEO?		AVAILABLE PRIOR COMPLETION OF C	TO
							1,	YES 2	□ NO		OF DEATH?	
Σ							—				1X YES 2 🗆	NO
AN	25. WAS CASE REFERRED TO MEDICAL				-	6. PLACE OF OEATH (C	heat anh anel					
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHER:							
4¥S	1 TYES 2 NO 27. MANNER OF DEATH	1) Supplient 2 -		28b. Til		Home 5 Residence	8 U Other (S		N. SURV. OC	CCUBED		
	1 Natural 5 Pending	(Month, Day	y, Year)	IN	JURY	WORK?	200. DESCR	IBE HOW I	NOON! O	CONED		
B	2 Accident Investigation	28s. PLACE OF	INJURY — At ho	me ferm			28f LOCATH	ON (Street	and Numbe	or or Rural	Route Number	
03	3 Suicide 6 Could not be determined	building, a	itc. (Specify)		ation, factory,	ornea		Town, State)		N OF FIGURE	riodio rioriados,	
4	29a. CERTIFIER											
COMPLET	(Check only											
8	2 MEDICAL EXAMINER	t: On the beals of exi	amination and/or I	nvestigati	on, in my opini	on, death occured at th	e time, data an	d place, an	nd due to t	the cause(a) and menner as a	tated.
BE	291 SIGNATURE AND TITLE OF CERTIFIER		21 0			29c. LICENSE N	JMBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
10	CA C	MD, F	40							319	1191	
	Drew WEISSM	200 191	0 6611	7000	VOCK A 1	LLE PIKE,	BETHE	SDA,	MAR	YLANI	D 20892	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S SIGNATURE	<u>_</u>								
	MAR 2 2 '91	Jul	S SIGNATURE	n-gan	dell							

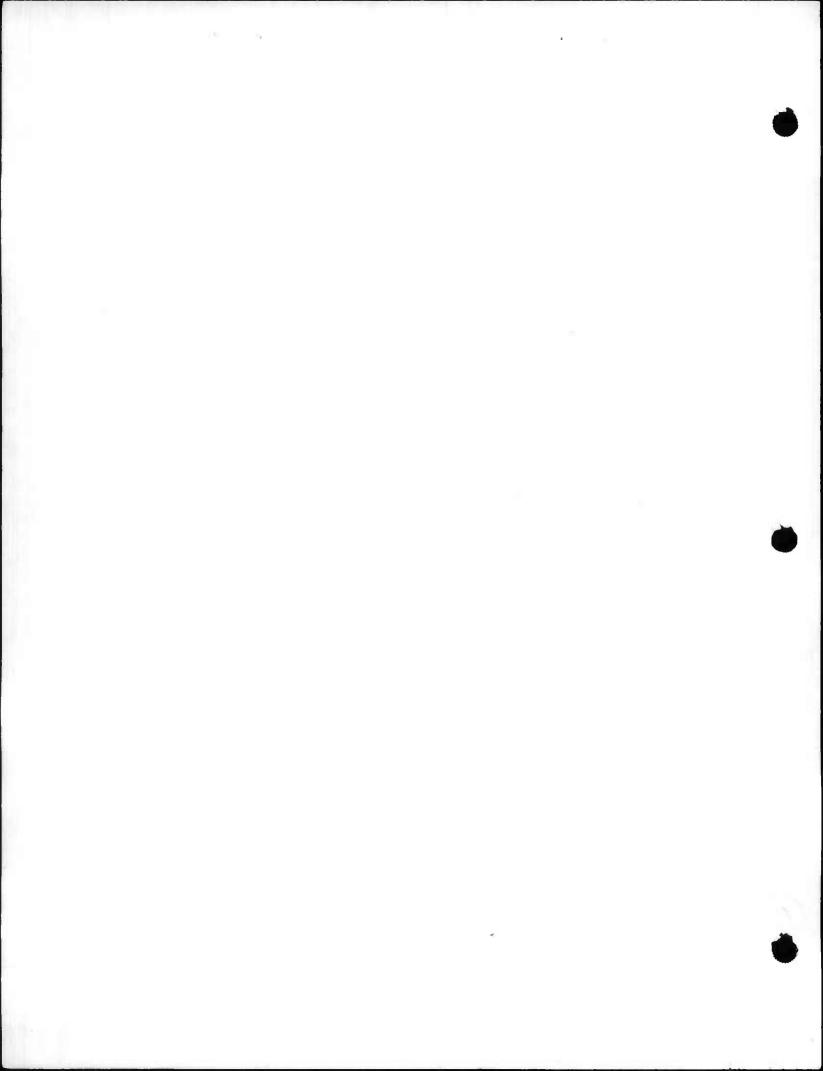
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certhicate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove 1.2, 3 or have a should be detached for use as the burial-transit permit. Prove 1.2, 3 or have a should be detached for use as the burial-transit permit.
IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

		FOR 1 - STATE REGISTRAR	STATE OF MAR				HEALTH AND F DEATH	MENTAL	HYGIEN		I U	3103
		1. OECEDENT'S NAME (First, Middle, Last)				IOAIL O	DEATH	2 DATE	OF DEATH		3.7	IME OF DEATH
1		Contract of the Contract of th	ERMAINE (NM	M) KEN	NDRIC	שי		MARC	H 13,	1991	'EAR	10:55A w
℩		4. SOCIAL SECURITY NUMBER										
		N/A	1 💢 M 2 🗆 F	AGE (In yrs. lest	YRS.	MONTHS DAYS	3 HOURS MIN.		Day Year)	1990	Country) GEOR	E (State or Foreign
1		9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COUNT	OF DEATH	
0	5	NIH, THE CLINICA	L CENTER			BETHE	SDA, MARY	LAND		MONT	GOMER	RY
LE	5	RESIDENCE OF DECEDENT										
DIRECTOR		GEORGIA 106. COUNT	N/A			y, town on lo CATUR	CATION					INSIDE CITY LIMITS? YES 2 NO
=	. 1	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZE	N OF WHAT	
FINERAL		2230 COLUMBIA D					30032			US	A	
1 🖺	5	11, MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARI	MED		ECENDENT OF HISP/ specify_Cuban, Maxie			or No- 14	RACE - A Black, Wh	merican Indian, Ita, etc.
\ \frac{1}{2}	13	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				ES 2 ANO Spec		irouri, arc.,		Specify:	
		3 Wildowed 4 Divorced									E	BLACK
Į į	i	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DE(CEDENT'S	USUAL OCCUPI	TION most of working	18b.	KINO OF BUS	INESS/INOUS	TRY	
Į ū	i	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT u	se retired.)						
<u> </u>		N/A			N,	/A]	N/A		
COMPI ETED	5	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First, N	fiddle, Maiden	Surname)		
		JOSHUA KENDRI	CK				CATHY	CORKE	:R			
n n	ś	19a. INFORMANT'S NAME (Type/Print)		100	MAILING	Anness /Stm	et and Number or Rura			o Chain 7in C	nofe)	
P	2 ∥	CATHY CLOWERS					A DRIVE,				,	13.2
	1	0110111									_	
		20a. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Read 4 Donation 5 Other (Specify)	noval from State	other pla	ice)	1,100	comotory, cromatory or Funeral H	ary Tome		cation – ch tlanta		
	-	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1	00		AND ADDRESS OF F	ACILITY				
	- 1	▶ (D 7	naca	1 . 0	7//	Mar	shall's H	unera	1 Home	e		
	_	A. T.	Caran	rai	<u>r</u>	421	7 9th St	NIJ. I	lashin	oton.	D.C.	
	- {	23. PART Liter the diseases, or ahock, or heart failure.	complications that ce	used the de	ath. Do	not anter the	mode of dyling, au	ich as card	lac or respi	ratory arres	it,	Approximata Interval Between
	1	IMMEDIATE CAUSE (Finel									[Onset and Death
		disease or condition	. CARD	ORE	SPI	RATO	RY AF	RES	T		}	
	i	resulting in death)	DUE TO (OR	AS A CONSEC	DUENCE O	F):			-			
	. 1		, IMMUN	LODE	=1(1)	WIN					}	Ilmo.
Ĉ		Sequentially list conditions,		AS A CONSEC			-					11100.
AT	:	If any, leading to immediate cause. Enter UNDERLYING									1	
CERTIFICATION	2	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR	AS A CONSEC	DUENCE O	F):					-	
Ē		reaulting in death) LAST				•					- 1	
Į.	į		d									
-	. 1	PART II. Other algnificant condition	na contributing to dea	ith but not r	esulting	in the Underly	ring cause given i	n Part I.	24a. WAS AN			E AUTOPSY FINDINGS
. 2	§								PERFOR			LABLE PRIOR TO IPLETION DF CAUSE
Ē	<u> </u>	-					-	-	1 EL YES 2	□ NO		DEATH?
2								—			1 -	YES 2 NO
ż											<u> </u>	
2	5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (Check only on	e)			
U	5	1 XYES 2 NO	1 ☐ Inpatient 2 X ER	/Outpatient 3	□ DOA	OTHER: 4 - Nursing I	ome 8 🗆 Rasidence	8 🗆 Other	r (Specify)			
PHYSICIAN MEDICA	- 100	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJU (Month, Day,)		28b. TIR	JURY	INJURY AT WORK?	28d. DES	CRIBE HOW I	NJURY OCCU	RED	
FD RV		2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF IN building, stc.	JURY — At ho (Specify)	ms, farm,				ATION (Street I		Rural Route	Number,
COMPLET	!	CHOCK UTTY	SICIAN: To the best of my	knowledge, de	ath occun	red at the time, o	late and place, and de	us to the cau	rse(a) and mar	ner as stated		
2	5	one) 2 MEDICAL EXAMP	ER: On the basis of exami	nation and/or i	Investigati	on, in my opinio	n, death occured at the	ha time, data	and place, an	d due to the	cause(a) and	manner as stated.
	- 11	250 STRADUNE AND TITLE OF CERTIFIE	et l				29c. LICENSE N	UMBER		29d. DATE S	SIGNED (Mor	nth, Day, Year)
H H	í II	+an			115)					11/10	_

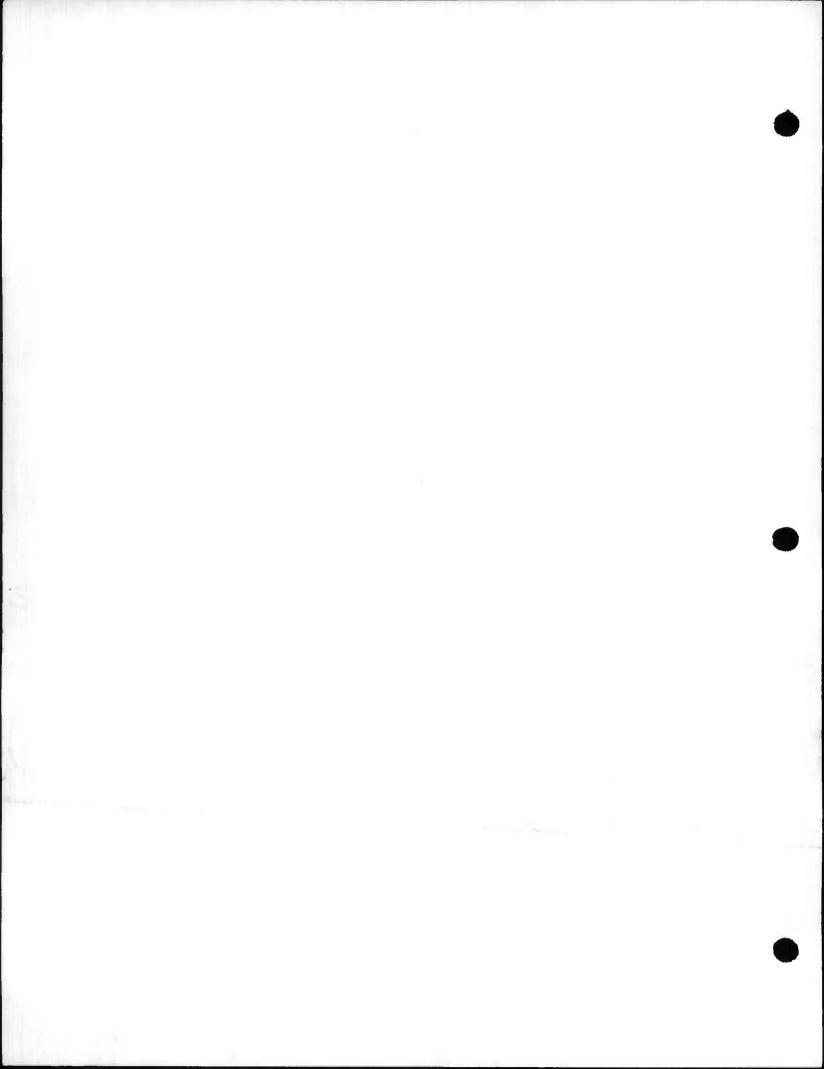
9000 ROCKVILLE PIKE, BETHESDA, MARYLAND

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE
JUNIA DRUMBON-Randall

ANDERSON

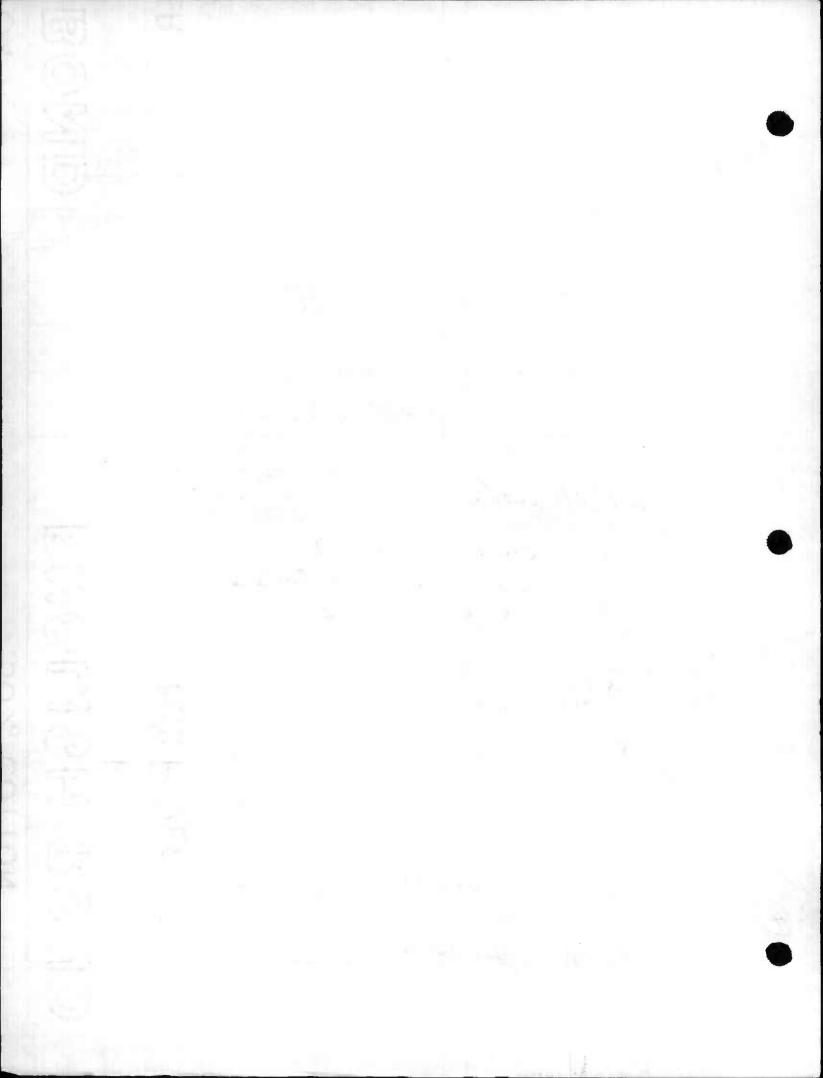
20892



STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

-	REGISTRAR		CERTIFIC	CATE OF	DEAIR	REG. NO		7 100
	1, DECEDENT'S NAME (First, Middle, Las	POBLE KAI	SER			2. DATE OF OEATH DO NONTH DO		3. TIME OF OEAT
	4. SOCIAL SECURITY NUMBER 579-01-6242		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH	6. BIRT	HPLACE (State or Fo
ОВ	96. FACILITY NAME (If not institution, give Holy Cross Hospi			a product of the same of	R LOCATION OF DE Ver Spri		9c COUNTY OF	
DIRECTOR	10a. STATE 10b. COUN	ntgomery	10c. CITY	TIVE POS	pring		_	10d. INSIDE CITY
FUNERAL	2507 Dennis Av	enue		10f.	ZIP CODE 2090	2	10g. CITIZEN OF	WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 ZVES IF YES, GIVE WAR OR D	2 NO	XXff yes, spe	ENDENT OF HISPAN Hocify Cuban, Mexican 2 NO Specify	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)		E — American Indi ok, Whita, etc. L'ACK
COMPLETED	15. OECEDENT'S EI (Specify only highest gra		life. Do NOT use	ork done during mos	st of working		eral Gove	ernment
	17. FATHER'S NAME (First, Middle, Lest) Herman Kaiser					ME (First, Middle, Maiden en Burwe		
TO BE	19a. INFORMANT'S NAME (Type/Print) Ella Kaiset	2	196. MAILING 2507	Dennis	nd Number or Rural E S AVE	Silver Spr	ing, Md.	20902
	20a, METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		b. PLACE AND DATE of company of the	coln Cen	netery	Bre	ntwood,	Md.
	21. SIGNATURE OF FUNERAL SERVICE	rusha	ll	Was	oness of FA	treet, N ₂	l's Fune 0011	ral Home
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF		Ani l	ace		Onset and
MEDICAL	PART II. Other significent condit	lons contributing to death it	but not resulting in	n the underlying	g cause given in	Part I. 24a, WAS AN PERFO	RMED?	b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)	,	
ву РНУ	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURED	
TED	3 Suicide 8 Could not 1 4 Homicide detarmined			treet, factory, office	•	28t. LOCATION (Street City or Town, State		Route Number,
COMPLE	cool ciny	YSICIAN: To the best of my know						(a) and manner sa
_	29b. SIGNATURE AND TITLE OF CENTIL	mano			DU 59	MBER 37	≥ 3/2	D (Mohth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	_	_	17 1	010 -
0	30. NAME AND ADDRESS OF PERSON RUB ETCT 31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	2 DD	10313	Geor	ETA QUE	811	SPE N



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

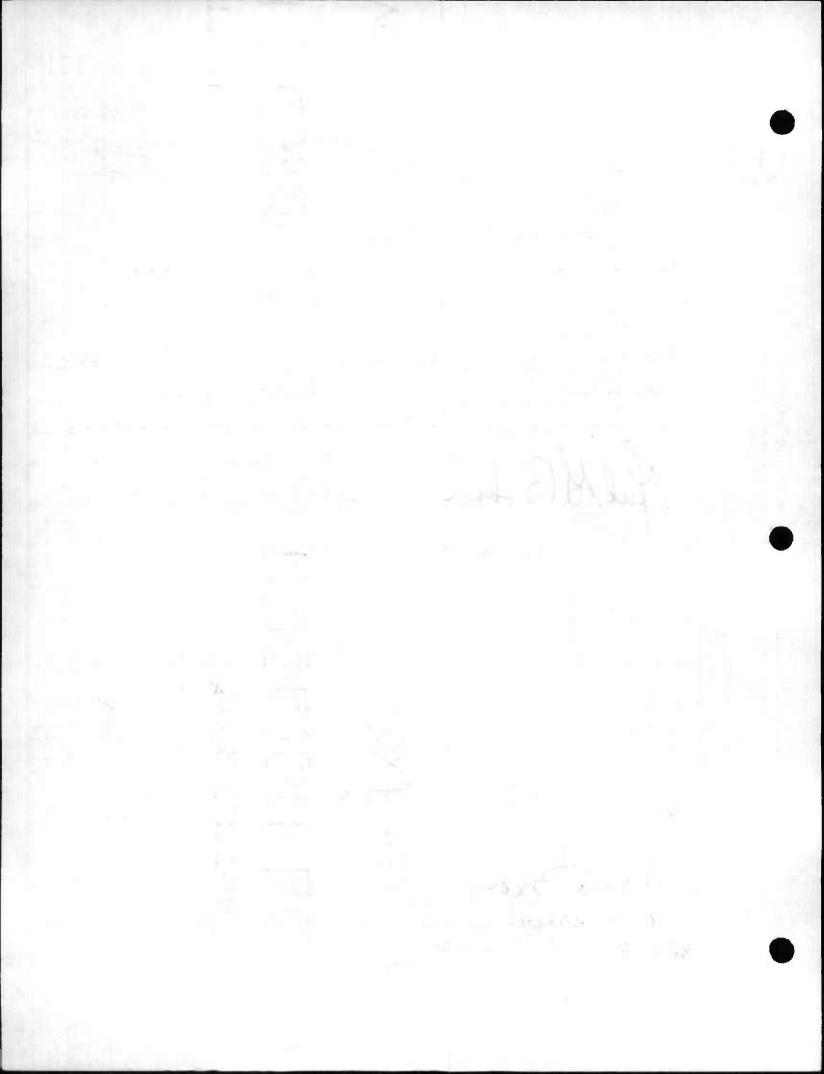
ITEM:28b per ME G-674 4/18/91 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

HEGISTIAN				O LITTIII	IOATE	- 0:	DLA		nea. No.			
1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH
Timothy			Lee			K	idd		3 19)	91	5:40 A M
4. SOCIAL SECURITY NUMBE	R	5. SEX		. last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH		APRI	PLACE (State or Foreign
216-02-7340		1XXM 2 □ F	25	YRS.	MONTHS	DAYS	HOURS	MIN.	11-25-196	55		
9a. FACILITY NAME (If not inst	itution, nive a	treet and number			96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH							
		and running)						OR OF DE				
1105 Nally R	load				La	ndo	ver			Pı	cince	Georges
	10b. COUNT	v		100 00	TY, TOWN (OB LOCA	TION	-	-	-		10d. INSIDE CITY
24 4 4		Arundel	6		thia		TION					LIMITS?
10e. STREET AND NUMBER						10	H. ZIP COD	E		10g. CI1	TIZEN OF Y	WHAT COUNTRY?
878 Fioren	za Dr	ive					20711			U.S	5.A.	
11, MARITAL STATUS		12. WAS DECEDEN							NIC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian, k, White, stc.
Never Married 2 🗌 h	farried	FORCES? 1					S 2 (N) NO		in, Puerto Rican, atc.)		Blac	k, White, stc.
3 Widowed 4 Divorce	ed	IF YES, GIVE Y	MAN ON DATES			1 16	2 5 47 MO	Specii	у:		Spec	White
15 DECE	DENT'S EDU	CATION	16.0	. DECEDENT'S	LISHAL O	CCUPAT	ION		16b, KIND OF BU	IMEGG/IN		
(Specify only	highest grade	completed)	104	(Give kind of	work done			ng	100. KIND OF BU.	3111E33/111	DOSTAT	
12th Grade	12)	None	+)						36	4		
12th Grade		None		Auto M	iecha	nic			Mer	chan	it Ti	re Company
17. FATHER'S NAME (First, Mid									ME (First, Middle, Malden			
Robert E.	Kidd						Sh	irle	y Ann Lime	rick		
19a, INFORMANT'S NAME (To	ne/Print1			19b. MAII IM	G ADDRES	S (Street	_		Route Number, City or Tow			
George W.		r (Unala)			1000			lexandria,			- 00000
			,	3/14	Trem	OHL	Cour	L, A			_	
20e METHOD OF DISPOSITION 1 (A) Burlal 2 Commention	N T Den	annual from State	20b. PL	ACE AND DAT	E OF DISP	OSITIO	N (Name		DATE 20c. LO	CATION -	- City or To	own, State
4 Donation Duby	Specify) [[<u> </u>	ME.	01ive	t Cei	mete	ery	0	3/22/91 Wa	shin	gton	. D.C.
21. SIGNATURE OF FUNERAL	SERVICE LI	CENSER/	7		22.	NAME /	ND ADDRE	SS OF FA	CILITY			
141	121	14 1	/		F	rand	cis G	asch	's Sons Fu	nera	1 Ho	me, P.A.
I lack	10	1220	an	/	4	739	Balt	imor	e Ave. Hya	ttsv	ille	, Md. 20781
23. PART I. Enter the die	aasea, Dr	complications the	at caused the	death. Do								Approximate
shock, or he	art fallure.	List only one car	use on each	line.							,	Interval Between
IMMEDIATÉ CAUSE (Fine	ni .	0					,					Onset and Death
disease or condition	>	· Cum	Shat	LSX	1	> 8	5) 10	50				
readiting in death)		DUE TO	OR AS A CO	NSEQUENCE	DF):	(-					
	_											
Sequentielly list condition		b	OR AS A CO	NSEQUENCE (DED:							+
If any, leading to immed cause. Enter UNDERLYIN			(0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		. ,.							İ
CAUSE (Disease or Injur		C										
that initiated events		DUE 10	OR AS A CO	NSEGUENCE	DF):							
resulting in death) LAST		d					15					
							_				-	
PART II. Other algnificar	condition	ns contributing to	death but r	not reaulting	In the u	nderiyli	ng ceuse	given in	Part I. 24s. WAS AN		240	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
									1 DE YES	□ NO		COMPLETION DF CAUSE OF DEATH?
												1 Deves 2 NO
							_	-	_			TES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL.						PLACE OF C	EATH (C	heck only one)			
1XXYES 2 □ NO		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	4 Nu	R: mina Ho	me 5 🗆 R	esidence	8 X Other (Specify)	Vally	y Roa	ad
27. MANNER OF DEATH		28a. DATE O		285 TI	ME	_	JURY AT		28d. DESCRIBE HOW	INJURY O	CCUBED	
1	Pending	(Month,	Day, Year)	5 9	luam	W	ORK?	7.00			000.125	
	nvestigation		-1991	5-14	10 a			МО	Subject Sl			
3 Suicide 8 C	Could not be	28e. PLACE (OF INJURY - I			tory, off	Ice		281, LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,
	ietermined	Suitaing	, and (alternity)	Stree	et				1105 Nall		ad P	G.Co.
29a. CERTIFIER					-							
(Check only									s to the cause(s) and ma			
2 MEDIO	CAL EXAMIN	ER: On the basis of	examination en	d/or investigat	tion, in my	opinion,	death occu	red at th	e time, data and place, a	nd due to	the cause	(s) and manner as stated.
29b. SIGNATURE AND TITLE	ON CENTIFIE	29		_			29c, LIC	ENSE NU	MOER	29d. D/	ATE SIGNE	D (Month, Day, Year)
1	(-	Link						.C.1		•		9-1991
110	7	XIO										
30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CAL	JSE OF DEATH			_			1 . 2	7	-7 03	201
A.M	. 1)1	KON		11.	L Pen	in S	treet	Ba.	ltimore, Man	гута	na 21	1201
- '		22 DECISTO	AR'S SIGNATU	RE								
31. DATE FILED (Month, Day, 1	(bar)	JE. HEGISTH										

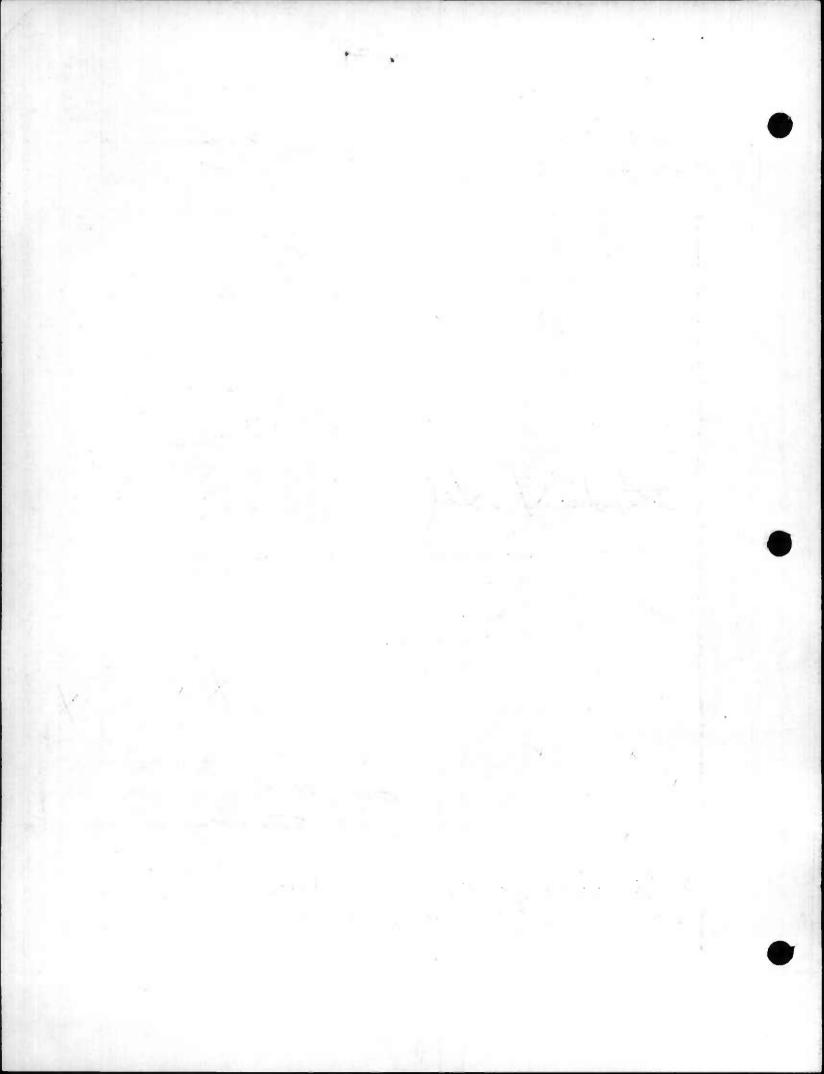
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DHMH-18 Rev 1/89



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nous after beam with the state belt. Or health and mental hygiene prior to burial, crentation, or in	Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the me	
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t treat	SMO	
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200	23	ı
Sight	item	
210	9	Ì
William	rked,	١
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HOURS	Item	

1 - FOR STATE REGISTRAR	STATE OF MARY			F DEATH	MENTAL HYGIEN REG. NO	-	
1. DECEDENT'S NAME (First, Middle, La. LINFORD C. KLII					2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH 8:00A
4. SOCIAL SECURITY NUMBER 198-14-0271		67 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 9-3-23	Cou	THPLACE (State or Foreign ntry) entown, Pa
9s. FACILITY NAME (If not institution, gh. Va Medical Ce	Washington Co.			erry Poi		9c. COUNTY OF	DEATH
Va Medical Ce RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER 147 Wilson S 11. MARITAL STATUS	Harford	10c. CIT	Havre	cation e de Gra	ace		16d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER				10f. ZIP COOE	1070		WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TO YI IF YES, GIVE WAR OF 1943-1965	R IN U.S. ARMED ES 2 NO R DATES	If yes,	DECENDENT OF HISP	ANIC ORIGIN? (Specify Yellow), Puerto Rican, etc.)	s or No— 14. RA Ble	S.A. CE — American Indian, ack, white, etc. White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Lest)	DUCATION	18e. DECEDENT'S (Give kind of life. Do NOT u Landsca	work done during se retired.)	NTION most of working		siness/industry	
WIIIIalli K.	Kline			H€	AME (First, Middle, Meiden elen Mose)	r	
199. INFORMANT'S NAME (Type/Print) Raymond Kline					Allento		18105
20e. METHOD OF DISPOSITION 1	emoval from State	20b. PLACE OF DISPO				orlock,	
21. SIGNATURE OF FUNERAL SERVICE	UGENSEE A	1.0	22. NAMI	Funera.	Home 25		in St.,
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DIABETES DUE TO (OR A C. ALCOHOLI DUE TO (OR A	S A CONSEQUENCE C	OF): OF):	MONARY DI	SEASE		Onset and Deat
PART II. Other algorificant condit	ona contributing to deet	h but not resulting	In the underl	ying cause given i	n Part I. 24a, WAS AN PERFOI	RMEO?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	PLACE OF DEATH (Check only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJUI	RY 28b. T#	4 Nursing i	fome 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUREO	
2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	28e. PLACE OF INJU	JRY At home, ferm, Specify)	street, factory, o	ffics	281. LOCATION (Street City or Town, State	and Number or Rura)	al Route Number,
one)	YSICIAN: To the best of my kr						o(e) and manner as stated.
30. NAME AND ADDRESS OF PERSON	Beerra 1	M.D.	- Print)	29c. LICENSE N			EO (Month, Day, Year)
JEFFREY BEERY,	M.D., VAMC,	PERRY PO		21902			
APR 0 1 '91	PREGISTRAR'S S	IGNATURE COLOR					

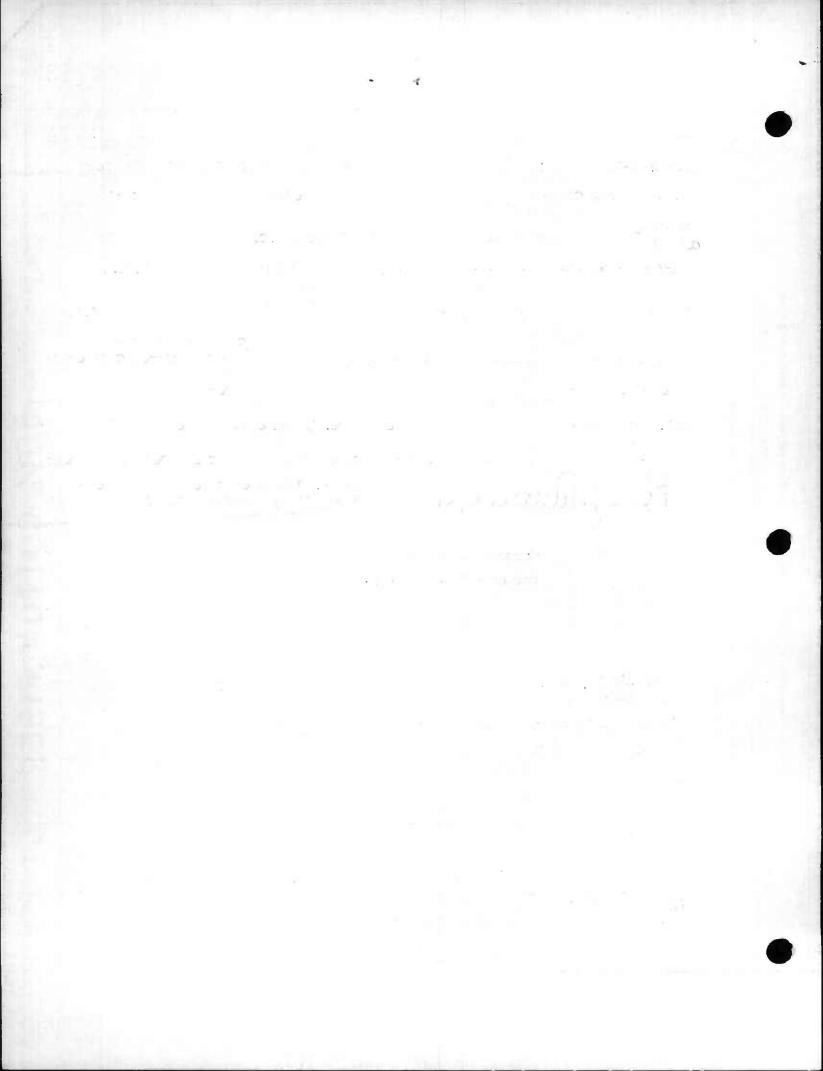


3. TIME OF DEATN

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the float. Plage 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 see filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 10

	FRANCIS KELLY								Marc			991	7:25	AM
150	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ist birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		BIRTNPLA	CE (State or Fo	
	558-48-2803	1 M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.		25,19	105	New :	Vorb	
,	9a. FACILITY NAME (If not institution, give	1 1			9h CITY	Y, TOWN O	B LOCATE	ON OF DE		23,13		Y OF DEAT		
DIRECTOR	V.A. Medical Cen				- M - OIT		ry Po		-3111		Jul COOK	Ceci		
ត្ត	RESIDENCE OF DECEDENT 100, STATE 100, COUNT	ry		100 CIT	V TOWN	OR LOCAT	ION					1 25	A INDIPERMENT	
2	District of		0	IOC. CIT					~				I. INSIDE CITY LIMITS?	
	Solumbia	Washingt	on		Wa	shin			C.				XYES 2	NO
MA	10e. STREET AND NUMBER	7 64 37	T. 7			101.	ZIP CODE	E			10g. CITIZI	EN OF WHA	COUNTRY?	
H	3700 N. Capito	1 St., N.	. W .					2033	17		1	U.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED						? (Specify Yee	or No- 1	4. RACE -	American India	en,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y		INO		If yes, spe			n, Puerto F y:	Rican, etc.)		Black, W Specify:	White	2
	15. DECEDENT'S ED	UCATION	- 1953	ECEDENT'S	Herry ~	ACCHIBATION OF THE PERSON OF T	M		401	KIND OF BUS	M.ECO. (117)	IOTOY	MITTLE	
2	(Specify only highest grad	le completed)	(1	ECEDENT'S Give kind of le. Do NOT u	work done	during mos		g		arter				
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
Z	Twelve Years		Se	elf-E	np10	yed						o, ca	liforn	ild
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) John H. Kelly						18. MOTI			Aiddle, Meiden Portei				
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	19e. INFORMANT'S NAME (Type/Print)		10	9b. MAIL INC	ADDRES	S (Street o	nd Number			ber, City or Town		Code		
2													7	
	Elizabeth Kelly								nore,	New 1		14217		
	20a. METHOD OF DISPOSITION 1XXSuriel 2 Cremation 3 Rea	novel from State	20b. PLACE other p	E OF DISPO	SITION (N	ame of cen	netery, cren	natory or			CATION - C			
	4 Donation 5 Other (Specify)		- St	. Hea						Crow	m Poi	nt, 1	Vew Yo	rk
	21. SIGNAPTINE OF PUNERAL SERVICE-L	CENSEE				NAME AN								
	Prond to	Henn	> 100							& Sor			Home	
-	22 DADT I/Enter the 41/-1	LILE (O)	MIN	e att		Perr	yvil	le,	Mary	land	21903	3	1	
	23. PART i. Enter the diseases, or shock, or heart failure	List only one car	use on each lin	ieath, Do i	not ente	r tha mo	ue of dy	ng, auc	n aa card	nac or respi	ratory arre	st,	Approximation Butterval Butterval Butterval	
	IMMEDIATE CAUSE (Final												Onset and	
	disease or condition resulting in death)	. Corona	ry Thro	mbosi	C									
		a. Corona	(OR AS A CONS	EOUENCE O	F):					-				
Z		Corona	ry Arte	ry Di	seas	se								
9	Sequentially list conditions, if any, leading to immediate	W-	(OR AS A CONSE											
F	cause, Enter UNDERLYING	6												
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	EOUENCE O	F):								<u> </u>	
E	resulting in death) LAST	4												
빙		u												
	PART II. Other algorificent condition			resulting	In the u	nderlying	cause (given in	Part I.	24s, WAS AN			RE AUTOPSY F	
0	Pneumonia Right	Lower Lo	be							PERFOR		CO	MPLETION OF (
MEDICAL	Alzheimer's Dem	entia								· ZN 120 Z			DEATH?	
Σ												13	YES 2 🗍	NO
Z	Chronic Obstruct	tive Pulm	onary D	iseas	e									
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHE		ACE OF D	EATN (Ch	eck only on	16)				
PHYSICIA	1 YES 2 NO	1 A Inpatient 2		3 DOA			• 5 □ Re	eldence	6 🗆 Other	r (Specify)				
H	27. MANNER OF DEATH	26e. DATE Of (Month, I	INJURY Day, Year)	26b. TIN	E OF JURY	28c. INJ	URY AT		28d. DES	CRIBE HOW I	NJURY OCCU	JRED		
ВУ	1 X Natural 5 Pending 2 Accident Investigation				M	1 🗆 1		NO						
	3 Suicide 6 Could not be	28e. PLACE (F INJURY — At h	ome, farm,	street, fec	ctory, office			281. LOC	ATION (Street	and Number o	or Rural Rout	Number,	
E	4 Nomicide determined	ounding	etc. (Specify)						City	or Town, State)				
Ш	290. CERTIFIER X	NOIAN TO C											_	
4	(Check only 141 CEHTIFYING PHY													
COMPLETED	2 MEDICAL EXAMIN	EH: Un the basis of e	examination and/or	r investigati	on, in my	opinion, d	eath occur	red at the	time, date	and place, an	d due to the	ceuse(e) an	d menner as s	stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIC	ER					29c. LICI	ENSE NUI	MBER				onth, Day, Year)	
0	1.)					NY 1	5109	94-I		19	-26	77	
2	30. NAME AND ADDRESS OF BERSON Y	O CONSLETED CALL	SE OF DEATH (IT	EM 27) (Type	, Print)									
	America 11	1415				MI	2190	12						
			C, Perr	y POJ	LIIL/	LIT)	STAC	12						
		32 REGISTO	AR'S SIGNATURE											
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	nda00										
	MAR 2 7 '91		an's signature	ndell										



8. BIRTHPLACE (State or Foreign

New York

10g. CITIZEN OF WNAT COUNTRY?

United States

Specify:

21702

9c. COUNTY OF OEATH

Howard

3-29-91

April 15,1918

7. DATE OF BIRTH

10e. STATE

Maryland

10e. STREET AND NUMBER

31. DATE FILED (Month, Day, Year)

91

1 -

DIRECTOR

STATE REGISTRAR

Cahr

5. SEX

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

Montgomery

16076 A.E. Mullinex Rd.

RESIDENCE OF DECEDENT

1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH

MONTHS

YRS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF OEATH

10f. ZIP CODE

DAYS

Woodbine

10c. CITY, TOWN OR LOCATION

Silver Spring

6. AGE (In yrs. last birthday)

72

	-	-		
BALTIMORE, MARYLAND 21203-3146	L DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	nation, or removal.	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OX 13146	te be executed w	sician and com	prior to bunal, c	traumatic evi
0	certifical	uding phy	Hygiene I	or other
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	v requires that the death	been signed by the atter	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any Injury, c
VITAL	AN: The law	tificate has	e State Dept	r Hem 23
OF	PHYSICL	this cert	with the	rked. 0
NO	NDING	R: After	er death	Is mar
DIVIS	DR ATTE	DIRECTO	hours after	Item 28

FUNERAL 15300 Wallbrook Court 20906 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 ☐ YES 2 → NO Specify: 1 Naver Merried 2 Merried 1 TES 2 NO 3 Widowed 4 Divorced BY COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple Flementary/Secondary (0-12) College (1-4 or 5 +) Advertising Bookkeeper 17. FATHER'S NAME (First, Middle, Lasi) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Abraham Stettner Anna Feller 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) Anne Cohen 6806 Falstone Dr., Frederick, MD. 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State 20s. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) King David Memorial Garden Falls Church, Virginia 21. SIGNATURE OF PURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition___ Di seuse Cerebrovasular reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 - YES 2 - NO PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25 WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 VES 2 OTHER:
4 | Nursing Home 5 | Residence 65KOther (Specify) Personal Core Wave 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide determined 29e. CERTIFIER
(Check only one)

ASTRONOMY STANSON OF THE STANSON COMPL HOSPITAL FUNERAL WITHIN 72 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. 29c. LICENSE NUMBER BE 2272 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 9815 10hn VARL

32, REGISTRAN'S 9

whia Davidson Mandall

3. TIME OF OEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indien, Black, White, etc.

White

Approximata Interval Between Onset and Death

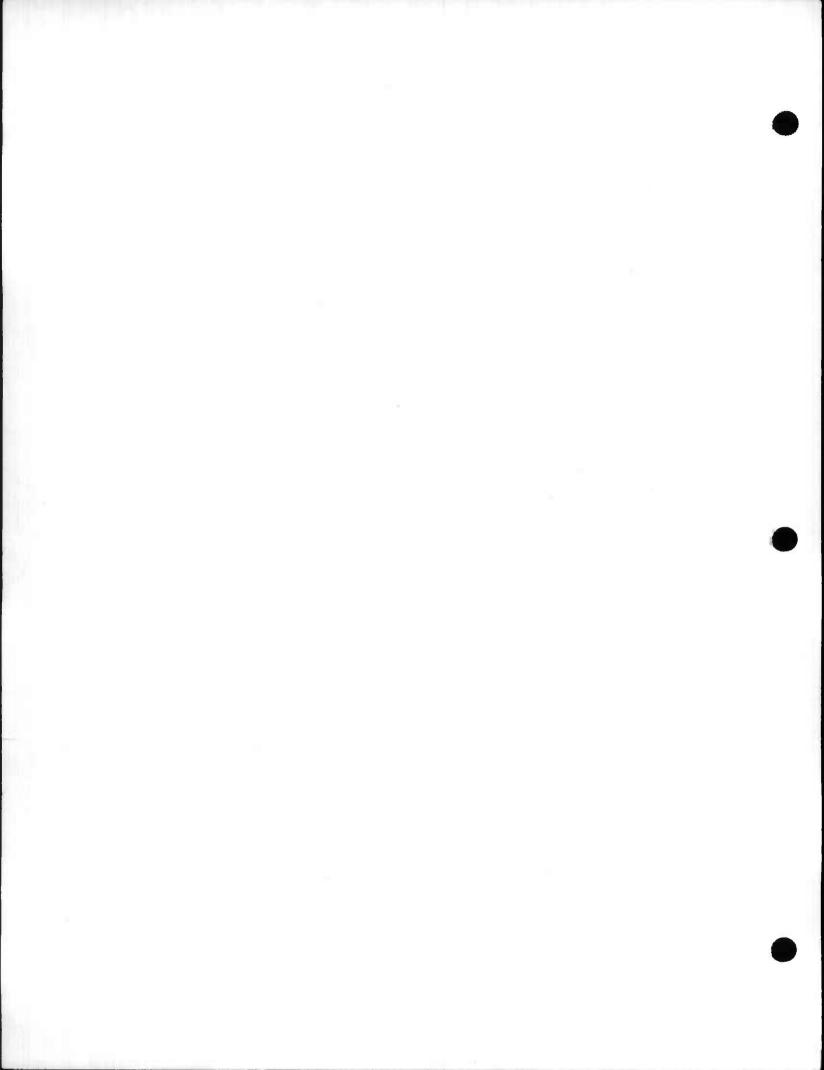
24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 | YES 2 | NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

YES 2 NO

3:30 P



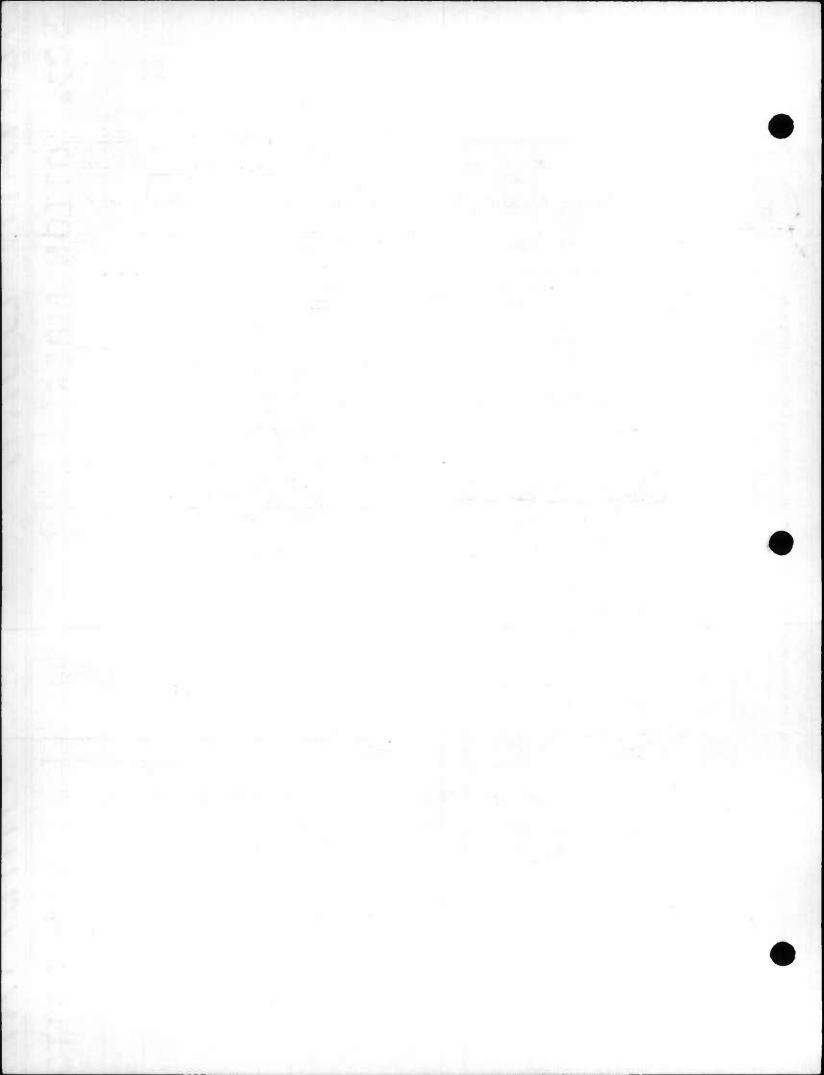
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competery filed in by the tuneral principle, after this certificate has been signed by the attending physician and competery filed in by the tuneral principle.
be filed within 72 hours after death with the State Dept. of Health and Merital Hyglerie prior to Durial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	OTATE OF ALL	DVI AND (DEDA	NT145NT OF NEATTH 48	ID MENTAL I	UVOJENJE S	09766
1 - STATE REGISTRAR			RTMENT OF HEALTH AN ICATE OF DEATH		REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)		J. Kostral	oa	2. DATE OF MONTH Mar	ch 18, 199	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 117-34-0588	1 X M 2 - F	AGE (In yrs. lest birthdey) 48 YRS.	MONTHS DAYS HOURS M	July 3	, 1942	8. BIRTHPLACE (State or Foreign Country) New York
90. FACILITY NAME (If not institution, give 9308 East Parkhil			96. CITY, TOWN OR LOCATION OF Bethesda	OF DEATH		TY OF DEATH GOMETY
10a. SYATE 10b. COUNT	tgomery		TY, TOWN OR LOCATION Bethesda			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
9308 East Parkhi	ll Drive		101. ZIP CODE	20814	~ ~ ~	ted States
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT (FORCES? 1 FYES, GIVE WAS	YES 2 NO	13. WAS DECENDENT OF HI If yes, specify Cuben, M 1 YES 2 X NO S			14. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+) 5+	(Give kind of	s USUAL OCCUPATION I work done during most of working use retired.) Director		ind of Business/ind tional Ins	stitute of Hlt
17. FATHER'S NAME (First, Middle, Last) John Kostraba			18. MOTHER	'S NAME (First, Mid	idle, Maiden Surname)	
190. INFORMANT'S NAME (Type/Print) Joel Odum			Van Ness Street			
20s. METHOD OF DISPOSITION 1	moval from State		ry or other place) Crematory	DATE	Silver S	my or Town, State Dring, Marylar
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE RAR	2	Rapp Funera 933 Gist Av	al Servi	ces, P. A.	
23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Liet only one cause		not enter the mode of dying,			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	Immune Definer as a consequence or as a consequence		9		
PART II. Other significent condition	d	esth but not resulting	in the underlying ceuse give	en in Part I. 2	4a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDIN
					PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	26. PLACE OF DEAT			
27. MANNER OF DEATH 1 X Netural 8 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	NJURY 28b. T	IME OF NJURY AT WORK? M 1 YES 2 N	28d. DESC	RIBE HOW INJURY OC	CURED
3 Suicide 8 Could not be 4 Homicide datermined	28e, PLACE OF	INJURY — At home, farm tc. (Specify)	s, street, factory, offica		ION (Street and Number Town, State)	or Rural Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of n	ny knowledge, death occu	erred at the time, data and place, an	d due to the cause	e(a) and manner as stat	ed.
2001	VER: On the beels of sxs	mination and/or investiga	tion, in my opinion, death occured	at the time, data a	nd place, and dua to th	e cause(s) and manner as stated

1759 Q Street, NW, Washington,

DC

20009

D.

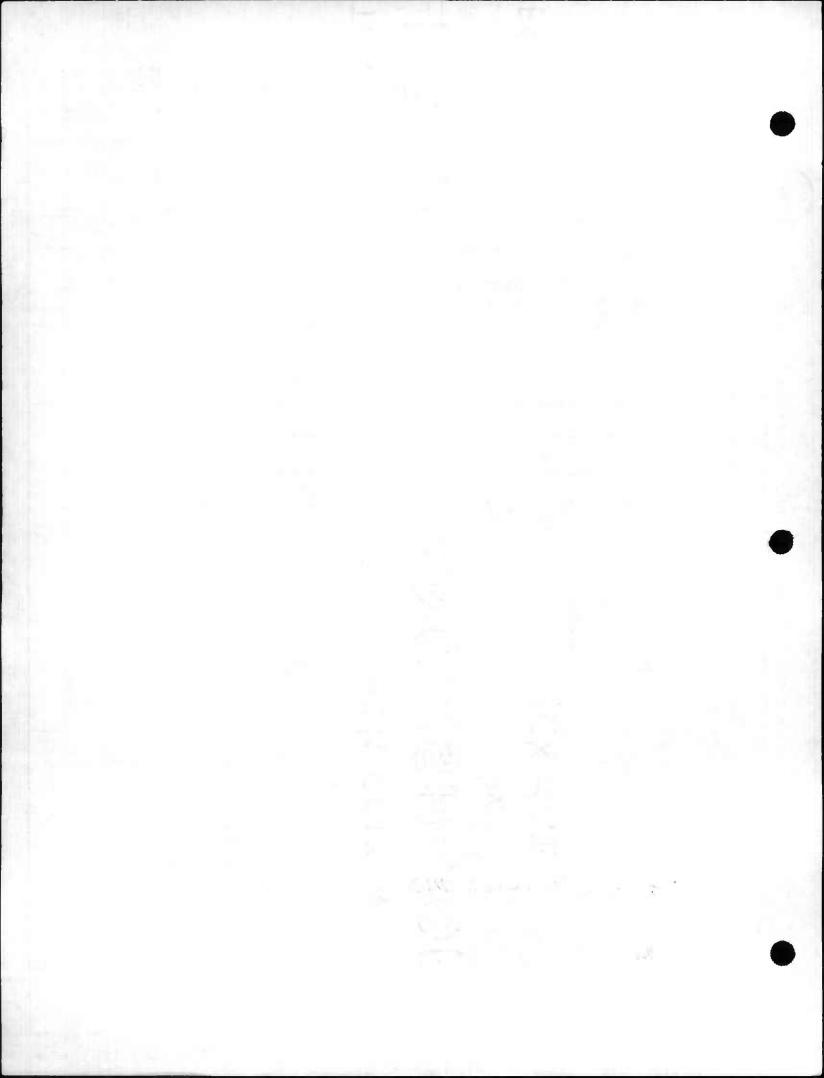
32. REGISTRAR'S SIGNATURE

Μ.

Caceres,

Cesar A.

31. DATE FILED (Month, Day, Year)
WAR 1 9 '91



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CE	RTIFIC	ATE O	F DEA	TH		REG	. NO.				
1. DECEDENT'S NAME (First, Mi	liddle, Last)									ATE OF DE	ATN DAY	,	YEAR	3. TIME OF DEATH	
RON	ALD	D. KLIN	K							RCH	21,	_	991	1935	М
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In	yrs. last b		F UNDER 1 YEAR	_		7. D/	ATE OF BIR	TN (har)		8. BIRTH Count	NPLACE (State or Forei	gn
174-38-9423		1 M 2 F	42	2	YRS.	ONTHS DAYS	HOURS	MIN.	М	AY 27	7,19	148	PA		
9a. FACILITY NAME (If not institt	tution, give s	treet and number)			9	b. CITY, TOW	OR LOCAT	ION OF D	EATN			9c. COU	INTY OF D	EATN	
KIRK U.S.	ARMY	HEALTH	CLINI	C	A	BERDE	EN PRO	OV IN	G G	ROUNI		H	ARFOR	RD	
RESIDENCE OF DECE															
	Ob. COUNTY			- 1		TOWN OR LO								10d. INSIDE CITY LIMITS?	
CAL.	UN	IK.			F"I	ERW:								1 YES 2 N)
10e. STREET AND NUMBER	A === A === ==						10f. ZIP COD				- 1			WHAT COUNTRY?	
	ARATO	GA ST.						310					J.S.A		
11. MARITAL STATUS 1 Never Married 2 Mar Mar Married 2 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W ACTIVE	X YES	2 NO	ED	If yes,	ECENDENT specify Cub	en, Mexico	en, Pue			or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc. #y: WHITE	
15. DECED (Specify only hi	DENT'S EDU	CATION completed	- 1			SUAL OCCUPA		lna		16b. KIND	OF BUS	INESS/IN	DUSTRY		
Elamentary/Secondary (0-12		College (1-4 or 5 d	-)	ilfe. D	o NOT use	retired.)	most or work	n ny	- 1						
12				Ţ	U.S.	ARMY				FEI). G	OV	r. I	DEFENSE	
17. FATNER'S NAME (First, Midd	dle, Last)						18. MQT	NER'S N	AME (FI	irst, Middle, i	Malden :	Sumame)			
PERRY		KLINK						EV	LYN		TED	RICE	(
19a. INFORMANT'S NAME (Type	e/Print)			19b.	MAILING A	DORESS (Stree	et and Numbe	or Or Rural	Route I	Number, City	or Town	, State, Z	ip Code)		
JO ANN K	LINK				SA	ME AS	5 IT	EM 7	10						
20a METNOD OF DISPOSITION 1 A Burlel 2 Cremation 4 Donation 5 Other (S)	3 🗆 Rem	oval from Stata	20b.	PLACE Of	F DISPOSIT	ION (Name of	EME I	matory or	monta		Oc. LOC	ATION -	City or To	PAROUGH, PAROUGH	A
21. SIGNATURE OF FUNERAL S		CENSEE				-	AND ADDRI				2.22	oh I V sahrrah		2210	
MILAL	-11	1	61	7											
11.11.	Un	ame	RUN		0091		V. CHA		_		_			MD. 207	37
23. PART i. Enter the disc shock, or hea	esses, or	complications the List only one cau	caused i	the desi	th. Do no	t enter the	mode of dy	ying, suc	ch sa	cardiac o	respl	ratory s	rrest,	Approximate interval Bet	
IMMEDIATE CAUSE (Final														Onset and I	
disesse or condition resulting in death)		s	MULI	IPLE	E INJ	URIES								IMME	D.
,		DUE TO	(OR AS A C	CONSEQU	JENCE OF):										
Convention list condition		b													
Sequentially list condition if any, leading to immedia	ete	DUE TO	(OR AS A	CONSEQU	JENCE OF):										
CAUSE (Disease or Injury		с													
that initiated events resulting in death) LAST		DUE TO	(OR AS A	CONSEOU	JENCE OF):										
resulting in destill LAST		d												<u> </u>	
PART ii. Other significent	t condition	ns contributing to	death bu	t not re	suiting in	the underly	ring cause	given in	Part	j. 24a. \	MAS AN	AUTOPSY	24	b. WERE AUTOPSY FINI	DINGS
MASSIVE :	TN.TIB	TES FROM	BETN	C RI	IN OV	VA GIT	ATTECA	AOD TI	Ta7		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CA	
-400111	1110 011	ILIO TITOM	الميل للدري	10 110	311 OV	בתי בעו	AUTO	נבנטוי	نلب	1.60	YES 2	□ NO		OF DEATH?	2000
										İ				1 TES 2 NO)
25. WAS CASE REFERRED TO	MEGICAL						PLACE OF	051711 00		No. of the last of					
EXAMINER?	MECICAL	HOSPITAL:		7		OTHER:	II G								
1 N YES 2 NO		1 Inpatient 2		tient 3 /	28b. TIME	Nursing i		Residence	-	Other (Spec		N HIRW O	COURTS		
1 Natural 6 Pe	endina	3-21	ay, Year)		ULMI	RY	INJURY AT WORK?	Off	284					OMODETE	
	rvestigation				190	1 1	YES 2	M NO	1					OMOBILE	
	ould not be	28e. PLACE (building.	of INJURY - atc. (Specif	At hom	ne, farm, sti	reet, fectory, c	ffica			City or Town	n. State)			Route Number,	A 7.1
THE THE THE TENT			1	AFG	, MD.				IVIA	RYLAN	ם עו	، تادلىلا	/ 505	QUEHANNA	AV
29a. CERTIFIER (Check only	FYING PHYS	ICIAN: To the best	my knowle	dge, deat	th occurred	at the time, o	lete and plac	a, and du	a to th	e cause(a)	end mar	nner se si	ated.		
one) 2 MEDIC	AL EXAMIN	ER: On the basis	xamination	an /or In	rvestigation	my opinio	n, death occ	ured at th	e time,	date and p	lace, an	d due to	the cause	(a) and manner as sta	ted.
296. SIGNATURE AND TITLE O	OF CERTIFIE	TH	1	/_	1	6	29c. LI	CENSE NU	JMBER			29d. DA	TE SIGNE	D (Month, Day, Year)	-
9	F	14	W	01	11	n	/	621				•		6-1991	
30. NAME AND ADDRESS OF	PERSON W	10 COMPLETED CALL	SE OF DEA	TH OTEM	AT) (Type	Print)	1	, 02	TV				5-6	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	
EMORY J.	LIN	DER, M.D		/		CONTE	RACT I	HYS.	ICI.	AN, A	BER	DEEN	I, MI).	
31. DATE FILED (Month, Day, 16	'9 1	32. REGISTR	Davids	TURE	ande 192										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the form of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cemation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

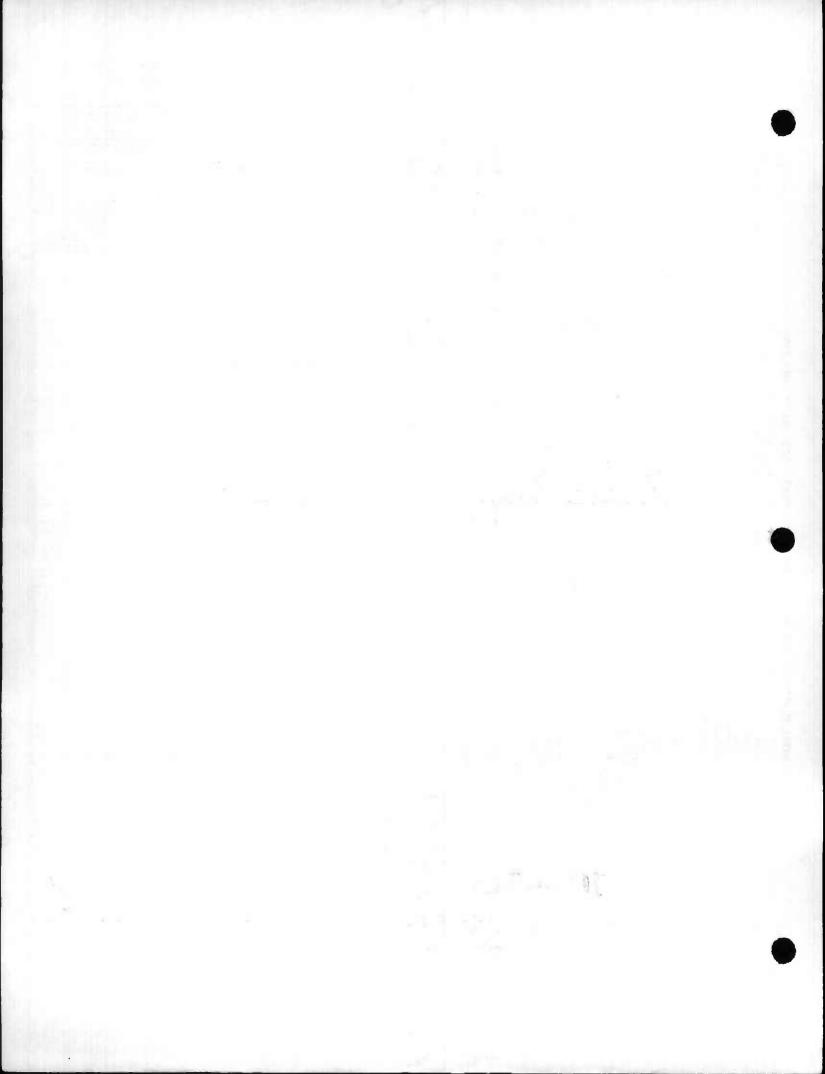
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1		3.0		Œ
BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mm, with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removel.	l examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITA. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fled within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
James Edwar	d Kile	У							March 23,	1991	YEAR	8:45P M	
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yr:	s. last birthday)		ER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign	
568-05-0695		1 X XM 2 □ F	68	YRS.	MONTH	DAYS	HOURS	MIN.		1922		th Dakota	
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CF	TY, TOWN	DR LOCATIO	N OF DE			NTY OF D		
6607 Greysw		ad	-1	1	Ве	thes	da			Mont	gome	ery	
10e. STATE	10b. COUNTY	1	100	10c. Cf	TY, TOWN	OR LOC	ATION					10d, INSIDE CITY	
Maryland	Mont	gomery		Be	thes	da						LIMITS? 1 TES 2/1 NO	
10a. STREET AND NUMBER							of. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
6607 Greysw	ood Ro	ad				- 40	20817			Unit	ed 9	States	
11. MARITAL STATUS	004 110	12. WAS DECEDE			1:		CENDENT O		NC ORIGIN? (Specify Yes	-	14. RAC	E — American Indian.	
1 Never Married 2			AAR OR DATES				ipecify Cubar		n, Puerto Rican, etc.)		Spec	k, White, etc.	
3 Widowed 4 Dive	rced	World W	Var II	Page 1								White	
	EDENT'S EOU		164	Give kind of	work don	ne during n	ION nost of working	9	18b. KIND OF BUS	SINESS/IN	DUSTRY	6.1	
Elementary/Secondary (0)-12)	College (1-4 or 5							United	Stat	es I	Department	
12		22	Fo	reign	Ser	vice	_		of Stat				
17. FATHER'S NAME (First, M									ME (First, Middle, Maiden	Sumame)			
Edward J.									Greelis				
19e. INFORMANT'S NAME (-					Route Number, City or Town				
Mary Ann K									Bethesda,				
20a. METHOD OF DISPOSIT 1XX Burlel 2 Crematic 4 Donation 6 Other	on 3 🗆 Rem	oval from State	oth	ace of dispo er place) Lingto:				-				own, State Virginia	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE								A. I	lampl	rey Funeral	
Davi	d.E	· lesse		M0080	_ H	lome/	Rockv	ille	ille, Mary	00 We	est N	1ontgomery	
23. PART i. Enter the d												Approximate	
shock, or h iMMEDIATE CAUSE (Fin		List only one ca	use on aach	lina.								Interval Between Onset and Death	
disease or condition		Met	astati	c Lun	σ Ca	ncer						2 years	
resulting in death)		8	OR AS A CO		_								
		Неа	ad & Ne	ck Ca	ncer								
Sequentielly list condit if any, leading to imme			OR AS A CO										
cause. Enter UNDERLY CAUSE (Disease or init	ING	C.											
that initiated events		DUE TO	OR AS A CO	NSEDUENCE	OF):								
resulting in death) LAS	T L	d											
PART II. Other significa	ent condition	e contributing to	n death but r	ant requiting	in the	underlyi	ng cause c	iven la	Part I. 24a, WAS AN	AUTOREY	1 24	b, WERE AUTOPSY FINDINGS	
				.oc rooming		unduny.	ing codes s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	MED?	277	AMILABLE PRIOR TO COMPLETION OF CAUSE	
									1 [] YES 3	KIZI NO		OF DEATH?	
												1 YES 2 NO	
						7.7							
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			ОТН		PLACE OF D	EATH (C/	neck only one)		_		
1 TYES 2 X NO		1 Inpatient 2			_	_		eldence	6 Other (Specify)				
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	Pay, Year)	28b. Ti	ME OF	V	NJURY AT VORK?		28d. DESCRIBE HOW I	NJURY OC	CURED		
2 Accident	Investigation				161		YES 2	NO					
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — i	At home, farm	, street, f	actory, of	fice		26f. LOCATION (Street City or Town, State)	and Numbe	or or Flural	Route Number,	
	01000-1				_								
one)		and the last of							to the cause(s) and ma			(s) and manner as stated.	
295. SIGNATURE AND TITLE						11-6-170	29c, LJCI		Service State of the State of t	7		D (Month, Day, Year)	
	TOS	Missi						086					
30. NAME AND ADDRESS O	F PERSON WI	ID COMPLETED CA	USE OF DEATH	(ITEM 27) (%	oe. Print)			-		Ma	arcn	25, 1991	
Frederick P		Smith,	M.D.	5401		ern	Avenu	e, l	N.W., Wash	ingto	on, I	o.C. 20015	
31. DATE FILED (Month, Day,			DOLLIDAMA		2								

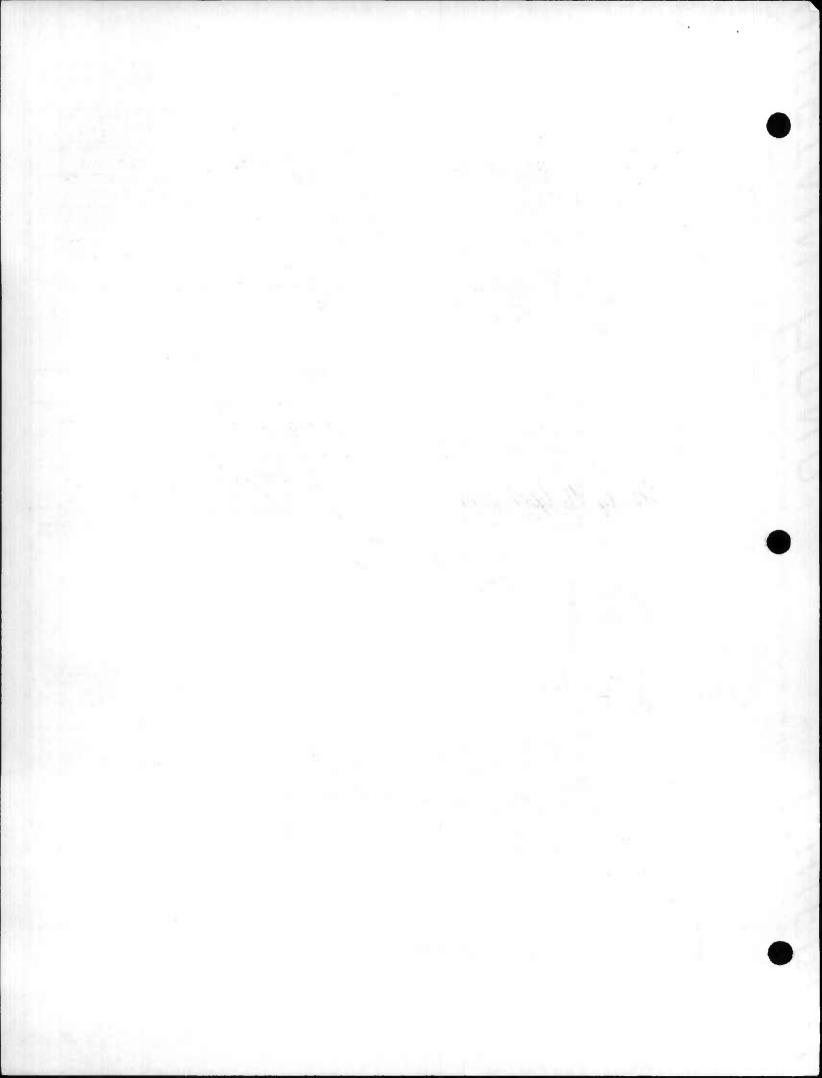


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arribours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Deat, of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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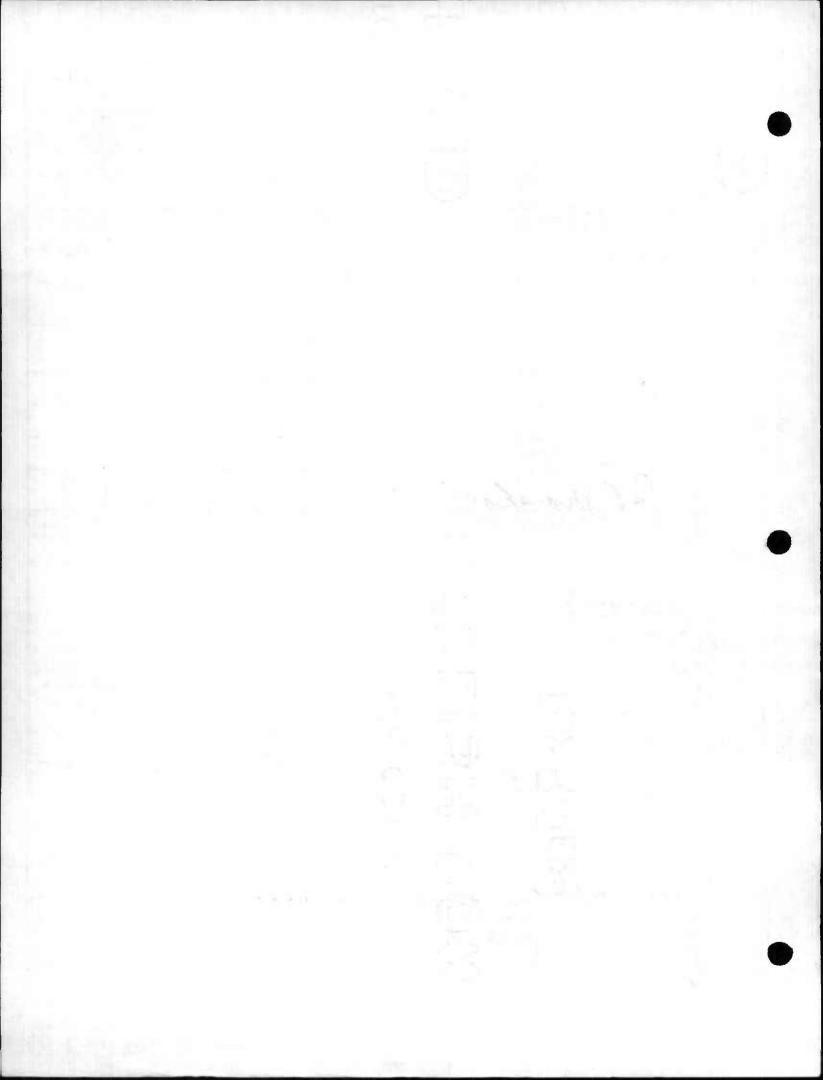
	STATE OF	MARYLAND / DEPARTMENT CERTIFICATE	MENTAL	HYGIENE REG. NO.	
net)			0.0475.0	C DEATH	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR CERTIF				MENTA	L HYGIEN	_) [UJ	100		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR				3. TIME DF DEATH		
1	KENNETH WHETZEL LONG							MARCH 30, 199			2:00	A . N		
	217-10-5682	MONTHS DAYS MO				IF UNDER 24 HRS. HOURS MIN.	(Mont	7. DATE OF BIRTH (Month, Day, Year) U.G. 18, 1917 WEST VA						
ВО	9a. FACILITY NAME (If not institution, give stre ROUTE 4, BOX 20	RLAND												
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND ALLI	ION AND						ITY						
AL	10s. STREET AND NUMBER	. ZIP CODE 10g. CITIZEN DF W												
FUNERAL	ROUTE 4, BOX 20	1 120-12	21502				USA							
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 NES 2 NO IF YES, GIVE WAR OR DATES W. W. I I					3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ ND Specify:					14. RACE — American Indian, Black, While, atc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ITION 1	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				166. KIND OF BUSINESS/INDUST							
Z .		2 SUPERVISOR						TRANSMISSION						
	17. FATHER'S NAME (First, Middle, Last)	2116				16. MOTHER'S NAME (First, Middle, Malden Surneme) EDUTHE VELLA WHETZEL								
BE	ISAAC TAULOR LO	DNG	19b. MAILING	ADDRES	S (Street e	EDULD nd Number or Rural								
2	GENEVIEVE T. LO	ONG									ND 215	502		
	GENEVIEVE T. LONG ROUTE 4, BOX 205 - CUMBERLAND, MD 21502 20e. METHDD OF DISPOSITION 1 © Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DAVIS MEMORIAL CEMETER! CUMBERLAND, MD 21502 20e. LOCATION - City or Town, State CUMBERLAND, MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A 202 GREENE ST, CUMBERLAND, MD 21502													
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Dasi Oue TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE DF):													
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give						Part I.	PERFORMED? 1 YES 2 NO DFD			AWAILABLE PRI COMPLETION (DF DEATH?	RE AUTOPSY FINDINGS III.ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
2	-40	EXAMINER? Continue HOSPITAL: OTHER: OTH												
-	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF JURY M	F 28c. INJURY AT			28d. DEŞCRIBE HOW INJURY OCCURED						
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Al home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Ÿ.				
COMPLEIED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 🗆 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.													
	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LI						LICENSE NUMBER 29d. DA			TE SIGNED (Month, Day, Year)				
O BE	The Merrik						D28910 ►4/1/91							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CURTISS MERRICK, M.D500 MEMORIAL AVENUE, CUMBERLAND, MD 21502													
	APR 01 1991	39. REGISTRAR'S SIGNAT	Pandell.	10-										



	1 - STATE REGISTRAR			RTIFICAT	E OF		MENTAL I	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		1		E		2. DATE OF		YE	FAR	TIME OF DEATH
	Patricia	Leonard				3 26				5:25 P	
	4. SOCIAL SECURITY NUMBER 5.77—98—7410 5. SEX 1 □ M 2 ½		11010		DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-7-67		8. BIRTHPLACE Country) Washi		ce (State or Foreign ington D
90. FACILITY NAME (If not institution, give street and number) Prince Georges General Hospital Cheverly 91. COUNTY OF DEATH Prince Georges General Hospital											
DIRECTOR	100. STATE 10b. COUNT Pri		10c. CITY, TOWN OR LOCATION Bladensburg						10d. INSIDE		
FUNERAL	10e. STREET AND NUMBER 6010 Emerson S	Street #	t #4			101. ZIP CODE 20710			10g. CITIZEN		
DI LON	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARME YES 2 NO R OR DATES	ED 13	If yes, sp		ican, Puerto Rican, atc.)			14. RACE — American Indien, Black, White, etc. Specify: Black		
	15. DECEDENT'S EDU (Specify only highest grade		(Give	DENT'S USUAL	during me	ON ost of working	16b. Ki	ND OF BUSI	NESS/INDUST		
COMPLET	Elementary/Secondary (0-12) 9th	IIIo. Do	st	Government							
	17. FATHER'S NAME (First, Middle, Last) William Leona	ard				18. MOTHER'S NA			lumame)	II.	
196. INFORMANT'S NAME (Type/Print) Petty Seymore 19b. MAILING ADDRESS (Street and Number or Sural Pouts Number, City or Town, State, Zip Code) COLO Emerson Street, 774										de)	
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State										
4th Donetton 5 Other (Specify) Harmony Memorial Park Landover, Md.											Home
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home 4217 9th Street, N. W. Washington, D. C. 20011 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. FATTY LIVER										Interval Between Onset and Des
		DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEOU	ENCE OF):							55.52
	PART II. Other aignificant condition	ns contributing to d	eath but not res	oulting in the	ınderlyir	ng ceuse given in	Part I. 2				
AL	PART II. Other aignificant condition	ns contributing to d	eath but not res	oulting in the t	ınderlyir	ng ceuse given in			MED?	CO OF	RE AUTOPSY FINDING NILABLE PRIOR TO MPLETION DE CAUSE DEATH? YES 2 NO
MEDICAL		d	eath but not rea	oulting in the t			_ '	PERFORM	MED?	CO OF	AILABLE PRIOR TO MPLETION DF CAUSE DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНІ	28. F	PLACE OF DEATH (C	heck only one)	PERFORM YES 2	MED?	CO OF	MPLETION DF CAUSE DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 1 Inpatient 2 28a. DATE OF II (Month, Day	ER/Outpatient 3 □	ОТНІ	28. F EFR: ursing Ho 28c. IN W		heck only one) 6 Other (PERFORM YES 2	MED?	OF 1 (AILABLE PRIOR TO MPLETION DF CAUSE DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2.1 28a. DATE OF II (Month, Day) 28e. PLACE OF	ER/Outpatient 3 □	DOA OTHI	28. FER: ursing Hot W	PLACE OF DEATH (C	6 Other (c	PERFORM YES 2 YES 2 Specify) RIBE HOW IN	MED?	AM CO OF	NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2. 28a. DATE OF II (Month, Day) 28e. PLACE OF building, et	ER/Outpatient 3 NJURY , Year) INJURY — At home to. (Specify) Ty knowledge, deat	DOA OTHI 4 N 28b. TIME OF INJURY M s, farm, street, fa	28. FER: ursing Hoo 28c. IN 1 - ctory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce e and place, and du	heck only one) 6 Other (i 28d. DESCI 281. LOCAT City or	PERFORM YES 2 YES 2 Specify) RIBE HOW IN HON (Street or Town, State)	MED? NO NO UURY OCCUR nd Number or	AMCO OF 1 [NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO NUMber,
COMPLETED BY PHYSICIAN: MEDICAL	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2.1 28a. DATE OF II (Month, Day 28e. PLACE OF building, et	ER/Outpatient 3 NJURY , Year) INJURY — At home to. (Specify) Ty knowledge, deat	DOA OTHI 4 N 28b. TIME OF INJURY M s, farm, street, fa	28. FER: ursing Hoo 28c. IN 1 - ctory, offi	PLACE OF DEATH (C) me 5 Residence JURY AT ORK? YES 2 NO ce e and place, and du death occured at th	heck only one) 8 Other (i 28d. DESCI 281, LOCAT City or is to the cause e time, date si	PERFORM YES 2 YES 2 Specify) RIBE HOW IN HON (Street or Town, State)	MED? NO NO NO NO NUTRY OCCUR No Number or ner as stated.	AMICO CO OF 1 [NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO NUmber,
MPLETED BY PHYSICIAN: MEDICAL	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2.1 28a. DATE OF II (Month, Day 28e. PLACE OF building, et	ER/Outpatient 3 NJURY , Year) INJURY — At home to. (Specify) Ty knowledge, deat	DOA OTHI 4 N 28b. TIME OF INJURY M s, farm, street, fa	28. FER: ursing Hoo 28c. IN 1 - ctory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce e and place, and du	heck only one) 6 Other (i) 28d. DESCI 281. LOCAT City or ie to the cause e time, date si	PERFORM YES 2 YES 2 Specify) RIBE HOW IN HON (Street or Town, State)	MED? NO NO NO NO NUTRY OCCUR No Number or ner as stated.	AMO COOP TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO Number, Number, a Number, and manner ee stated.

111 Penn St. Baltimore, 21201



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

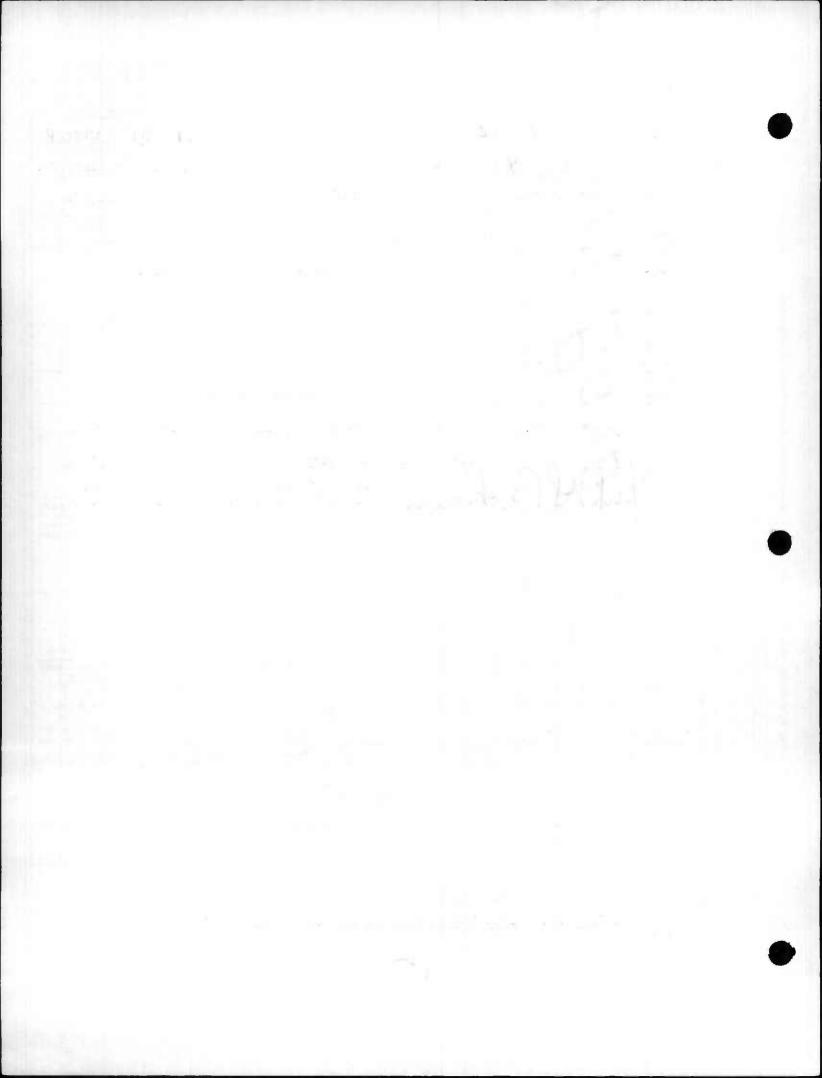
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			1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH	TAL HYGIENE REG. NO.	1 00111
•			Linton Salester Jalester Linton	NTE OF DEATH DAY YEA	11 1000
1	P		513-34-3760A 1 XM 2 0 F 8 6 YRS. MONTHS DAYS HOURS MIN. DAYS	ec.4. 1904 W	RTHPLACE (State or Foreign buntry)
	1, 2, 3 spe	CTOR	98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH OF IED Durseing dome COlumbia	ec. COUNTY O	ward.
	permit. Pages 1	DIRE	Maryand Howard Columbia		10d. INSIDE CITY LIMITS? YES 2 NO
e.		FUNERAL	10a. STREET AND NUMBER 101. ZIP CODE 21044	10g. CITIZEN C	DE WHAT COUNTRY?
3146 ding physician.	the burial-transit	B	a □ Wildowed 4 □ Divorced ☐ IF YES GIVE WAR OR DATES ☐ 1 □ YES 2 1 → NO Specify:	to Rican, etc.)	RACE — American Indian, Black, Whita, atc. Specify: Black
21203-3146 yital or attending physical	d for use as	LETED	(Specify only highest grade completed) Specify only highest grade completed) Specify only highest grade completed) Specify only highest grade completed Specify onl	166. KIND OF BUSINESS/INDUSTR	YY
MARYLAND 2	be detached at once.	E COMPL	Till Adam Linton i Natida De	st, Middle, Malden Surnama)	
_ A	age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Rargaret Petza 19b. MAILING ADDRESS (Street and Number or Rural Route No. 8718 Hission Road Jessup) 0794
IMORE,	must		20b. PLACE OF DISPOSITION (Name of cometery, crematory or TT other place) 4 Donation 5 Other (Specify)		th Kansas
BALTIMORE after death. Page 6 may	9 2 0		21. SIGNATURE OF FUNERAL BERIVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7601 Sandy Sprin	rieck runer	al Home, Inc. ,40 20707
ithin 24 mouns	ompletely filled in by the cremation, or remove event, the medical		23. PART I. Enter the diseases, or complications that glused the death. Do not anter the mode of dying, such as constant failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):		Approximate interval Between Onset and Death
1314 executed	to burial.	TION	Sequentielly list conditions, If any, leading to Immediate b. AV HENOSCI ENUSIS - GENEVALUES DUE TO (OR AS A CONSEQUENCE OF): JULY TO (OR AS A CONSEQUENCE OF):	ed.	years.
O. BOX	Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or Injury that Injury		gears.
IDS, P	by the att nd Menta r Inlury,	AL CE	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
- RECOR	has been signed I Dept. of Health a	MEDIC	MULTIINFARIT Dementio.	1 TYES 2 NO	OF OEATH? 1 YES 2 NO
AL la	State	SICIAN:	Z		
OF PHYSIC	this with	ву РНУ	27. MANNER OF OEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK?	DESCRIBE HOW INJURY OCCURE	0
DIVISION OR ATTENDING	after d	TED	3 Suicide 8 Could not be detarmined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION (Street and Number or Ru City or Town, State)	ural Route Number,
DI THE HOSPITAL OR		COMPLE	29a. CERTIFIER (Check only one) 1.2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, described by the time, described		use(a) and menner as stated.
THE H	TO THE FUNERAL be filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Ruhard KolorhulietzMD 296. LICENSE NUMBER D13575	- > 3/	27/7)
			KOLODAULBETZ 9501 Old Aunapolio ROAD	Ellicott C.	TZ MD
			MAR 28 91 July Davidson-Randell		21043

STATE REGISTRAR

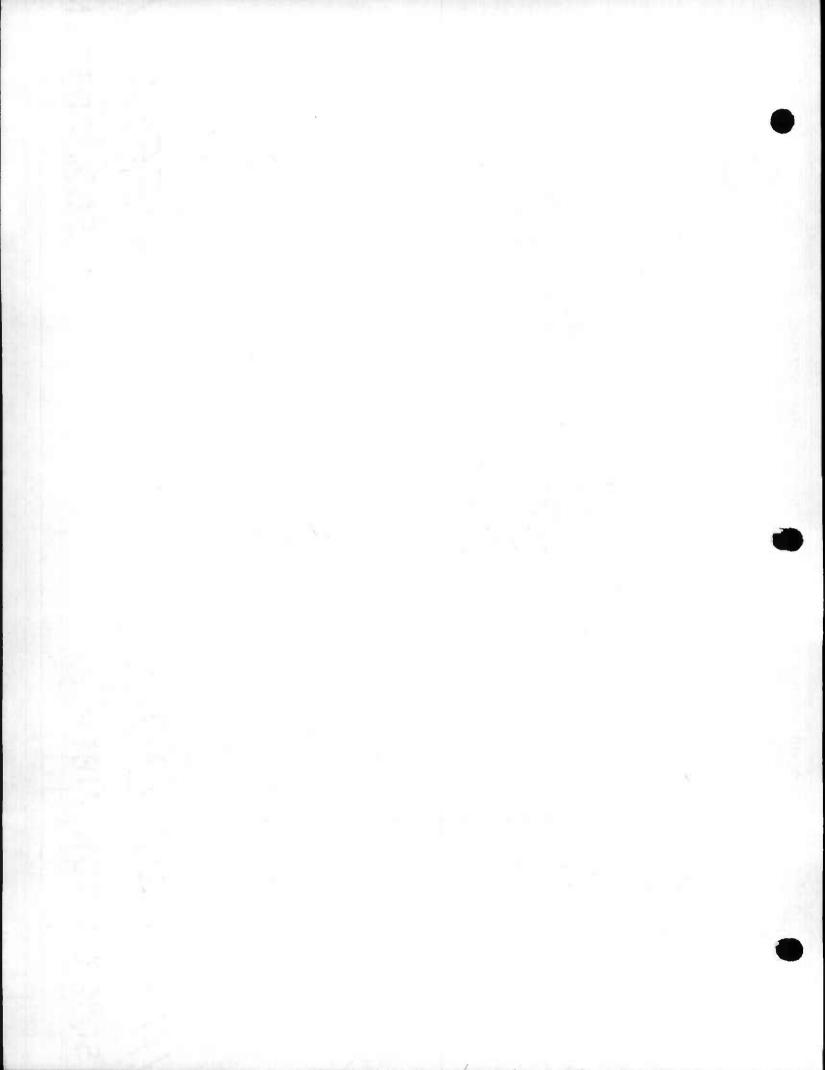
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	ELSIE 4. SOCIAL SECURITY NUMBER	Clara	LON 5. SEX	770	In yrs. last birthda	y) IF UNDER	1 YEAR	IF UNDER	24 HRS.	03 7. DATE OF	BIRTH	41	a. BIFF	THPLACE (State
1	213-42-9277	7	1 - M 2 F		89 YRS		DAYS	HOURS	MIN.	Oct.	26,	1901	Cou	
	90. FACILITY NAME (If not in Leland Memo							OR LOCATIO	ON OF OE			9c. COU	INTY OF	DEATH
CTOF	RESIDENCE OF DEC		Hospital			Riv	erda	ile				Pri	nce	George
ш	10s. STATE	10b. COUNT	-			STY, TOWN								10d. INSIDE
DIR.	Maryland 100. STREET AND NUMBER	Prin	ce Georg	e's	Ну	attsv								1 🔯 YES
RAI	5005 36th A	Avenue						20782				U.S		WHAT COUNTI
FUNERAL	11. MARITAL STATUS		12. WAS DECEDE	NT EVER II	N U.S. ARMED	13.	WAS DEC	CENDENT O	F HISPAN	IC ORIGIN? (S	Specify Ye		14, BA	CE — American
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ETE		y highest grad		(4)	(Give kind	of work done use retired.)	during mo	oet of workin	g	166, Kil	ND OF BU	JSINESS/IN	OUSTRY	
APL	9th Grade	,	None	, +,	House	wife				0	wn I	lome		
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Midd		n Surneme)		
BE	Alfred Kidw									Barre				
2	Doris Lane		hter)							Route Number, ttsVil				1 2078
	20a. METHOD OF DISCOURT			200	. PLACE OF DISI					- rov II	Y .			Town, State
	4 Donatton 5 D Ofter	(Specify)	^	_ Fo	other place) ort Line						Bre	entwo	od,	Mary1a
	21. SIGNATURE OF PUNETA	SERVICE LI	tekser)	1)				ND ADORES						ome, P.
	1/ Jan	CA	1 2	oka	um	4	739	Balti	imor	e Ave.	Hya	attsv	ille	Md.
	23. PART i. Enter the d	iseeses, or	complications th	at caused	d the death. D	not enter	the mo	ade of dyl	ng. suc	h an cardiar	OF 1991	olretory a	rrest.	1 Anna
	and and are	eart renure.	List only one ca	use on e	ech line.			out of up.		ii oa caroroc	or real	piratory at		Appro
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)		Res	pige on e	ech line.	7 au								Inter
7	IMMEDIATE CAUSE (Fir		Res	pige on e	ech line.	7 au								Inter
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MAR 25 '91

	REGISTRAR		CER	TIFICAT	E OF	DEATH		REG. NO			
i	1. DECEDENT'S NAME (First, Middle, Last)						2. DATI	OF DEATH	AY Y	EAR	3. TIME OF DEATH
	Carrie P. L	itchfield					Mar				6:40 PM
	4. SOCIAL SECURITY NUMBER	100	GE (In yrs. lest birt	thday) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		BIRTHP Country)	LACE (State or Foreign
ı	577 48 1841	1 - M 2 - F 8	1	res.	DATS	HOURS MIN.					ginia
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CIT	Y, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DE	ATH
3377 E	Anne Arundel Med	ical Center		An	napo	lis			Anne	Ar	unde1
1	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT										
P.S.			1-10	c. CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland Anne	Arundel		Riva					_		1 YES 2 NO
					10	f. ZIP CODE			10g. CITIZEI	N OF W	HAT COUNTRY?
	341 Cottswold Pl					21140				_	States
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	13	If yes, sp	CENDENT OF HISPA pecify Cuban, Mexic	an, Puerto		e or No— 14	Black,	- American Indian, White, etc.
	3 Widowed 4 ☐ Divorced	IF YES, GIVE WAR O	R DATES N	0	1 TYES	3 2 NO Specif	ly:	No	- 13	Specify	White
	15. DECEDENT'S EDU	ICATION		ENT'S USUAL	OCCUPATION	ON	16		SINESS/INDUS	TRY	WIIILE
ı	(Specify only highest grade Elementary/Secondary (0-12)		(Give k	ind of work done NOT use retired.	during me	ost of working					
	11	College (1-4 or 5+)	Но	memake	r			Own Ho	m 0		
	17. FATHER'S NAME (First, Middle, Last)		110	memare		16. MOTHER'S NA					
	Wesley Fletcher					Lucili					
	19e. INFORMANT'S NAME (Type/Print)		19b. M.	AILING ADDRE	SS (Street)	and Number or Rural			n State Zin Co	viet	
	Carolyn Lucille	Wvatt				ld Place		a Mary			140
ŀ	20a, METHOD OF DISPOSITION					metery, crematory or			CATION — City		
	NXBurial 2 ☐ Cremetion 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Pine G						. Airy		
Į	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1110 0			ND ADDRESS OF F	ACILITY	110		11d I	yrand
ı	Pelant S		7 1					ral Ho	me. P.	Α.	and 20715
4	noceu C	. Warn	2.5								and 20715
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cau	used the death	. Do not ante	or the mo	ode of dying, suc	ch ss cei	diec or reap	iratory srres	t,	Approximeta Interval Betwe
	IMMEDIATE CAUSE (Final	Mal	-1	-/-	,	Color		7			Onset and Dec
	disease or condition resulting in death)	PILT	4514	70 €	,	000	1 6	~			
1		DUE TO (OR	AS A CONSEQUE	NCE OF):							
	Sequentially list conditions,	b									
	If any, leading to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):							
	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
ı	that initiated events	DUE TO (OR /	AS A CONSEQUE	NCE OF):							
		d									
	PART II. Other significant condition	ns contributing to das	th but not resu	iting in the u	ınderiyin	ng cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDIN
						T-VALUE		PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES	Z [] NO		OF DEATH?
											1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL	1			24.0	LACE OF DEATH (C	haab aut.				
	EXAMINER? 1 YES 2 NO	HOSPITAL:		ОТНЕ	R:					-	
I	27. MANNER OF DEATH	1 Inpetient 2 ER/		Bb. TIME OF	_	ne 6 - Residence			INJURY OCCU	250	
	1 Natural 6 Pending	(Month, Day, Ye	er)	INJURY	W	ORK?	200. 00	SCHIBE HOW	MOUNT OCCU	NED	
	2 Accident Investigation	280 PLACE OF IN	HIPY — At home	form stored to			204 1 0	0.471011 (0	and Montage	D 1 D.	- At
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. ((Specify)	iaim, street, fa	wtory, offic	C. W.		CATION (Street or Town, State	and Number or)	riural Fic	oute Number,
	50.4	SICIAN: To the best of my k									
	one) 2 MEDICAL EXAMIN	ER: On the beels of examin	nation end/or inve	atigation, in my	opinion,	death occured at the	e time, dat	e and place, a	nd dua to the o	euse(a)	and menner as stated
	200 MONATURE AND TITLE OF CUSTIFIE	-	7			29c LICENSE NU	MBER	-	29d. DATE S	IGNEO ((Month, Day, Year)
	M. P. W.	Lun	~ I,	4		1026	711	3	> 3	120	0/91
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE OF	F OEATH (ITEM 27	(Type, Print)			1-1	-	1	1	(' '
	Howard Goldstein	205 1	Ridgely	Ave.	Anna	apolis Ma	ary1	and			
H	A4 DATE CHICA 44 11 0 14 11	1	0 - 7			*	,				

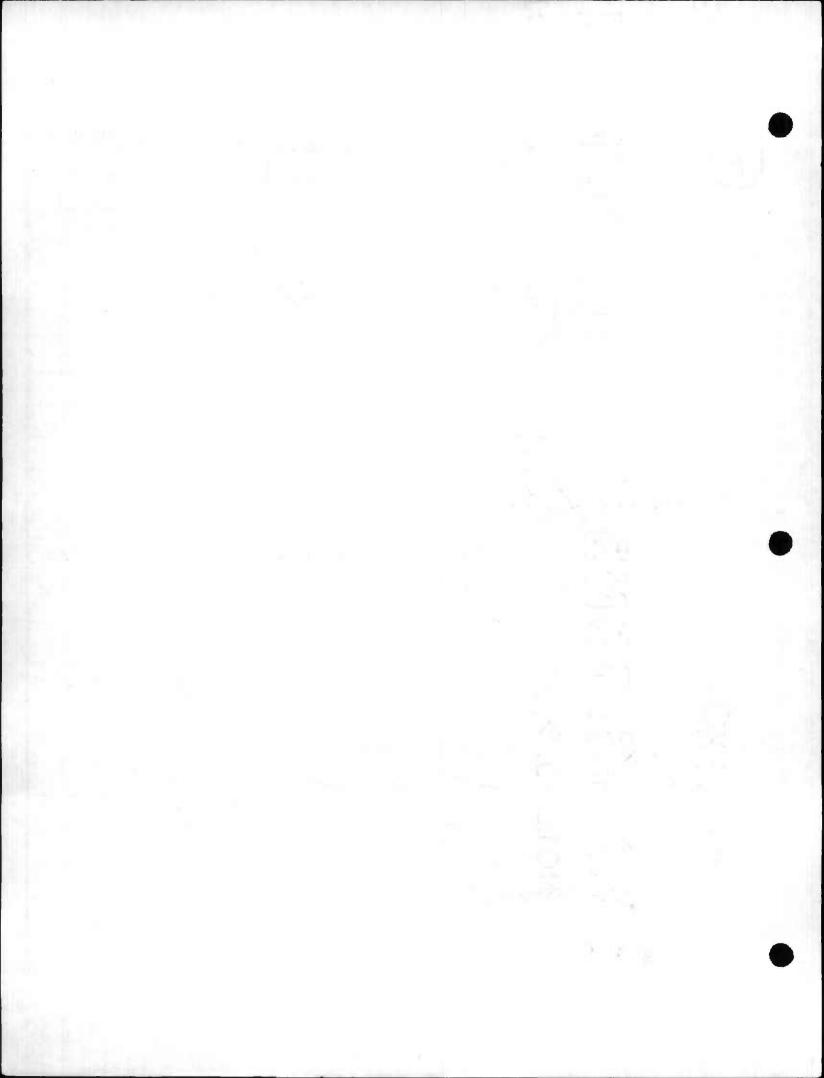


1. DECEDENT'S NAME (First, Middle, Lac SYLVIA 4. SOCIAL SECURITY NUMBER 217-46-5047 9a. FACILITY NAME (If not institution, giv	EVY			1.77	2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH
217-46-5047					3	31 6	31	9.45 A
	3. 3EA 8. AGE (III V	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1		CE (State or Foreign
THE DA EACH ITY MALLE IN not institution of	1 □ M 2 🙀 F 8		MONTHS DAYS	1	1-3-06	1	Country)	ngton,D.
				r Spring	SIN		tgome	
Holy Cross Hosp: RESIDENCE OF DECEDENT 106. STATE 106. COU			Y, TOWN OR LOC				100	d. INSIDE CITY LIMITS?
	gomery	Silv	ver Spr	ing		T	1	YES 2 NO
A			- 1					T COUNTRY?
9101 2nd. Ave.	12. WAS DECEDENT EVER IN U.	e ADUEN		20910 ECENDENT OF HISPAN	0.00101112 0016.	_	ed St	American Indian.
3 Widowed 4 Divorced	FORCES? 1 YES 2	2 NO	If yes,	apocity Cuban, Mexicar ES 2 NO Specify	, Puerto Rican, etc.)	Yes or No.	Black, W Specify:	White
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		(Give kind of life. Do NOT us	USUAL OCCUPA work done during a se retired.)	TION most of working	16b. KIND OF I	BUSINESS/INDU		- 3
12	H	omemake	er_		Own H	ome		
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)	*			18. MOTHER'S NAM	AE (First, Middle, Maid	len Sumame)		
David Sinrod				Sonia T	aishoff			
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t and Number or Rural R	oute Number, City or	Town, State, Zip C	Code)	
Dr. Jordan Levy	7	15124	Centers	gate Dr.,	Silver S	pring,	MD.	20905
20e. METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 R		LACE AND DAT	E OF DISPOSITIO	N (Name	DATE 20c.	LOCATION - CI	ty or Town,	Stats
4 □ Donation 5 □ Other (Specify)	Kin	g David	1 Memor:	ial Gard.	4-2-91 F	alls Ch	nurch	. Virgin
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS OF FAC	CILITY			
1	1 /1			ansky-Gold	-		_	-
Frank A	Stone		1170	Rockville	Pike, R	ockvill	le. M	
23. PART I. Enter the diseases, of ahock, or heart failure	or complications that caused the caused the cause on each	ne death. Do	not enter the r	node of dying, such	es cardiac or re	epiratory arre	st,	Approximate interval Between
IMMEDIATE CAUSE (Final								Onset and De
disease or condition resulting in death)	MYOC	CARDIA	LINE	ARCTION				2 bays
	DUE TO (OR AS A CO	ONSEQUENCE O	F):				- 1	
z	- PNEI	MONI	A					3 DAY
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE O	PF):				- 1	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	OF).					
	- a.							
PART II. Other significant condit	ions contributing to death but	not resulting	in the underly	ing cause given in	Part I. 24s. WAS PER	AN AUTOPSY FORMED?		RE AUTOPSY FINDING BILABLE PRIOR TO
	/				1 - YES	2 0 NO		MPLETION OF CAUSE
	/							TEB 2 NO
5							/	
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 27. MANNER OF DEATH			26.	PLACE OF DEATH (Ch	ock anty ane)		_	
1 VES 2 NO	HOSPITAL:	act a C1 pos	OTHER:	order of action and actions	COMPANIES OF THE PARTY OF THE P			
27. MANNER OF DEATH	28A. DATE OF INJURY	28b. TIR	-	ome 5 Residence	28d. DESCRIBE HO	W INJURY OCCU	uluen.	
	(Month, Day, Yhay)		JUED	WORKY	SHILL DESCRIBE NO	- Indon't occu		
2 Accident Investigation	286. PLACE OF INJURY —	At home from			244 4 OCATION (C)		E mari mari	- Market
3 Suittide 8 Could not	be building, etc. (Specify)	At Isome, tarm,	дринек, таскогу, сл	ince	City or Rwin, St	Me and Against S	y Hurar House	w mumber
Committee of the commit					to the source(s) and		4	
29a. CERTIFIER 1 SC CERTIFYING PH	IYSICIAN: To the best of my knowled							
29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	IYSICIAN: To the best of my knowled IINER: On the basis of examination s							nd menner as state
29a. CERTIFIER 1 CERTIFYING PHONE (Check only one) 2 MEDICAL EXAM	INER: On the basis of examination s			n, death occured at the	time, data and place	, and due to the	cause(s) ar	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	INER: On the basis of examination s				time, data and place	, and due to the	SIGNED (M	onth, Day, Year)

Y, M.D. 1106 SPIZING

y, M.D. 106 S 32. REGISTRAP'S SIGNATURE PROBABLE

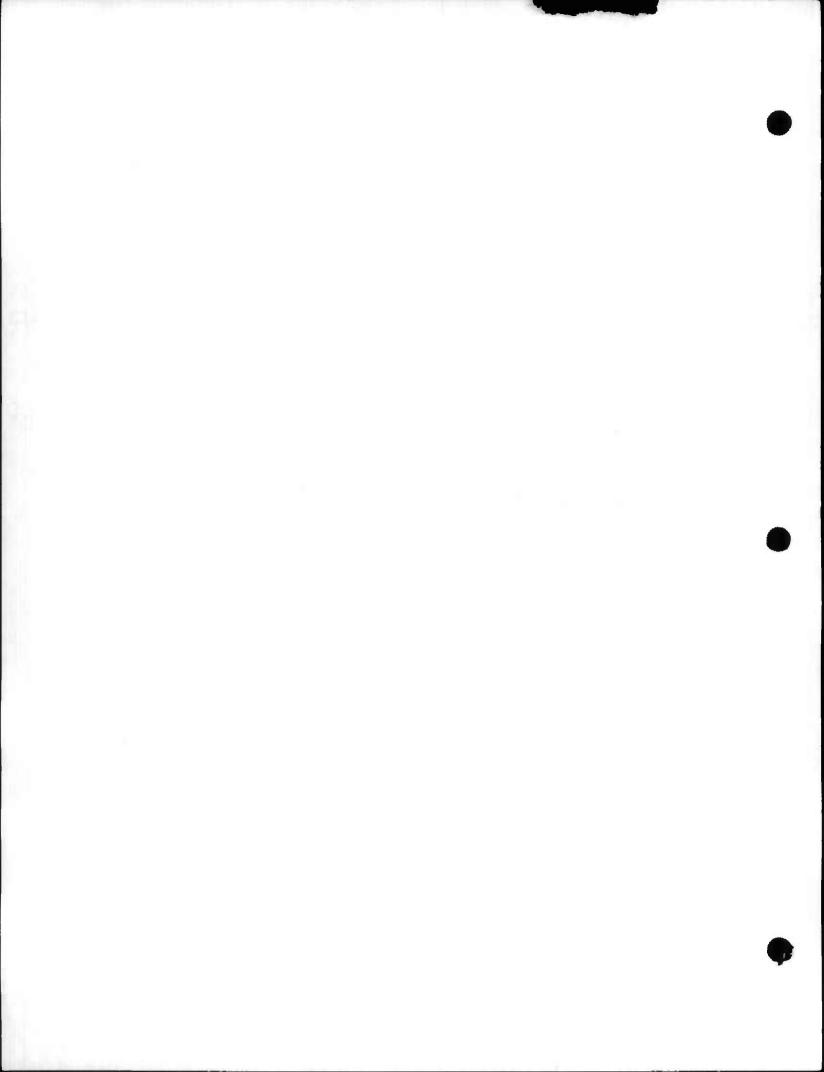
DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			IENTAL HYGIEN		00110
	1. DECEDENT'S NAME (First, Middle, Last)	112 15151	-0			2. DATE OF DEATH	AD OVE	3. TIME OF DEATH
\	OSCAR 4. SOCIAL SECURITY NUMBER	W. LEITN	7	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
)	343-10-1523	1₹KM 2 □ F	77 YRS.	NTHS DAYS		(Month, Day, Year) Dec. 23,	1913	Country) I lli nois
EG.	99. FACILITY NAME (If not institution, give st Shady Grove Adven			Rockv	R LOCATION OF DEA	ХТН	9c. COUNTY	GOMERY
ក្តី។	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	10c, CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	Maryland Mont	gomery		th Poto				LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER	•		101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	12210 Turley Driv				0878			ed States
	11. MARITAL STATUS 1 Never Merried 2 K Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPANI ecity Cuben, Mexican 2 NO Specify:		e or No— 14.	RACE — American Indian, Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced	World War		1 1 123	22 но эресну.			White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S US (Give kind of work life. Do NOT use in	done during mos		16b. KIND OF BI	JSINESS/INDUST	(RY
PE	Elementery/Secondery (0-12)	College (1-4 or 5+)	Ban				Bank	
MO .	17. FATHER'S NAME (First, Middle, Last)		Dan	ACI	18, MOTHER'S NAM	AE (First, Middle, Meide		
BE C	Oscar	Leit	ner		Amelia			Eden
2	19e. INFORMANT'S NAME (Type/Print)		100.000			oute Number, City or To		20878
	James D. Leitn		12210 D. PLACE OF DISPOSITI			orth Poto	mac, Macocation - City	
	1 Buriel 2 Cremetion 3 Remo	oval from State	other place)					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGGE			D ADDRESS OF FAC	HLITY		me/Rockville
	1/wil E. V	iner	M00877	Inc	300 West	Montgom	850Aye	nue,
	23. PART I. Enter the diseases, or of shock, or heart fellure.	complications that cause List only one cause on a		enter the mo	de of dying, such	as cerdiac or res	piratory errest	Approximate Intervel Between
	IMMEDIATE CAUSE (Finel disease or condition	Valoria.	LAR FIAR	11 1000	دا			Onset and Death
	resulting in deeth)		CONSEQUENCE OF:	007(100	0			10 MINING
z		card	lionyopa	tuy				
5	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS	CONSEGUENCE OF):	,				
	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	c. DUE TO (OR AS /	A CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d						
	PART II. Other significent condition	is contributing to deeth i	out not resulting in	the underlying	g cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	Chrani	ic Renal F	ullue			1 YES	2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED							701	1 TES 2 NO
ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che			
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 26e. DATE OF INJURY	28b. TIME	OF 26c. INJ	URY AT	26d. DESCRIBE HOW	INJURY OCCUP	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		YES 2 NO			
COMPLETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atnicity)	et, lectory, offic	•	261. LOCATION (Stree City or Town, Star		Rural Route Number,
PLE	29e. CERTIFIER (Check only	ICIAN: To the best of my know	viedge, death occurred	at the time, date	end place, end due	to the cause(e) end m	sanner as stated.	
MO	000)	R: On the basic of examination	on end/or investigation,	In my opinion, o	leath occured at the	time, date end place,	end due to the c	cause(e) and menner es stated.
BE	29b. SIGNATURE AND TITLING CERTIFIES	Ban	-		0 2/3	ABER 40	29d. DATE S	IGNED (Month, Day, Year) 29 90
5	30. NAME AND ADDRESS OF PETION WH	BASS 399	EATH (ITEM 27) (Type, F	ARA O	RIJE i	WHEATON	MO	20906
	31. DATE FILED (Morith, Dey, Year)	Julia Davids						

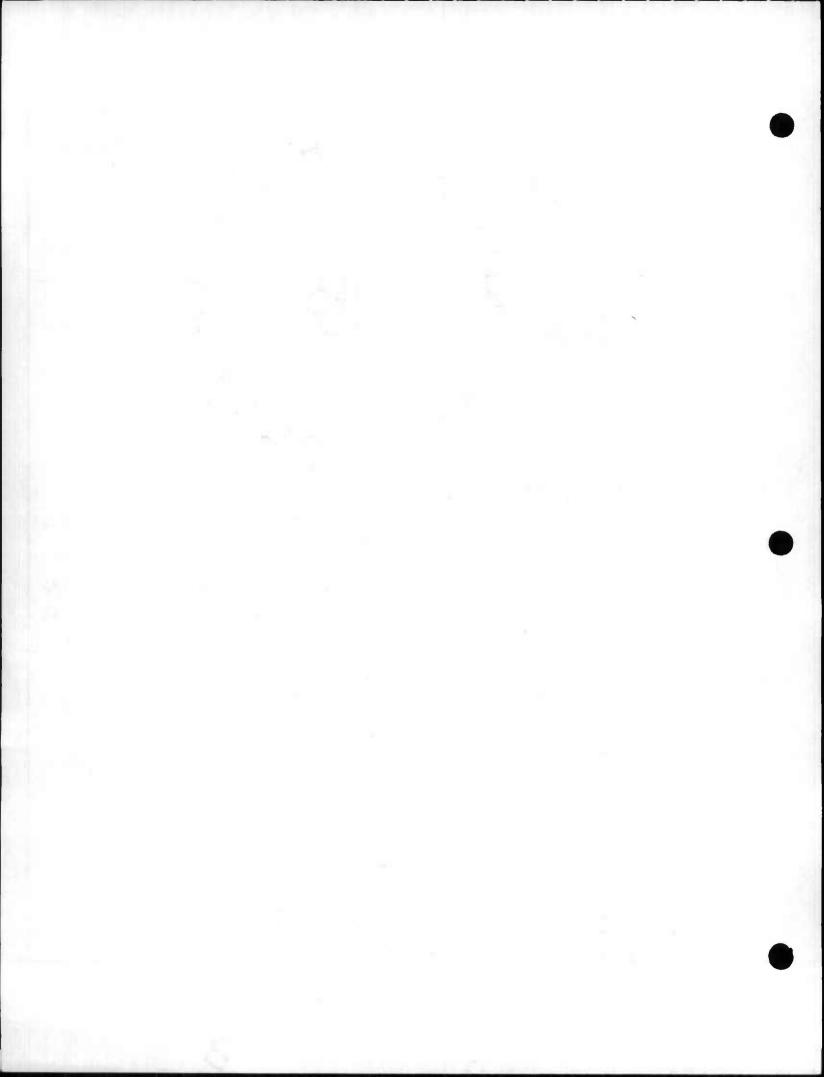


FOR STATE REGISTRAR

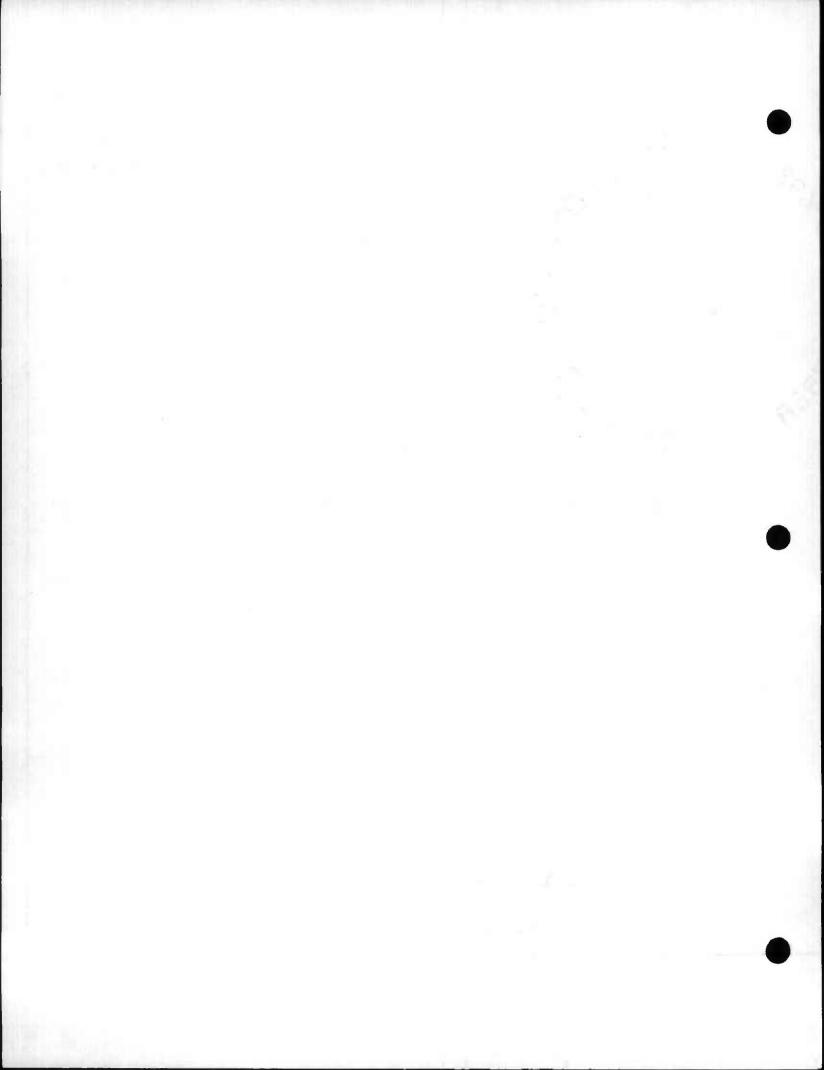
1 -

	Howard Lee 4. SOCIAL SECURITY NUMBER 5. SEX 8. A	Lushbaug	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	- 1991 a BIRTH	1228 PLACE (State or Foreign
	1 🖾 M 2 🗆 F	83 VRS. MO	NTHS DAYS	HOURS MIN.	Mar. 15,19	08 Mar	yland
ROTO	98. FACILITY NAME (If not institution, give street and number) Washington County Hospital RESIDENCE OF DECEDENT	98	Hager:	R LOCATION OF DE	ATN	Sc. COUNTY OF DE	19ton
OIRE	Maryland Washington		OWN OR LOCATI	rt			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	42 W.Frederick St.		101,	21795		10g. CITIZEN OF W	HAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR OF YES,	YES 2 X NO	If yes, spe		HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		American Indien, White, etc. y: te
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	etired.)	N SI of working	340-551,751,451	siness/industry Transpor	rt Co
COMPL	17. FATNER'S NAME (First, Middle, Last) Frederick	Lushbaugh		18. MOTNER'S NA	ME (First, Middle, Melden	Surneme)	ard
BE C	190. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow		rai d
2	Dorothy Lushbaugh	42 W			Williamsp	ort, MD 21	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place)	Cemeter			gerstown.	
	21. BIONATURE OF THE PARTY OF T		0SB0F	NE FUNE			
A CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF	nonel nonel nonel nonel	Layne Ver	ummia kl dini	N AUTOPSY 244	2 Well 15 ye
N: MEDICAL	Chronicalybu	Large Sur	npus	w	* C YES	X-toni-ty.	OP DEATH?
SICIAN	25. WAS CASE REFERENCED TO MEDICAL EXAMINERY HOSPITAL: 1 Dispetant 2 0 61		THER:	LACE OF DEATH (CI	s (3 Other (Specify)		
у РНУ	27. MANNER OF CEATH 1 Literary 5 Pending (Month, Day) 2 Accident Investigation	JURY 286 TIME	OF 28c IN	JURY AT ORK? YES 2 \(\) NO	284. DESCRIBE HOW	INJUNY OCCURED	
ED B		NJURY — At home, ferm, str s. (Specify)	eet, featary, aftic	*	28f, LOCATION (Street Gity or Years, Street		Route Mumber
		knowledge, death occurred					
IPLET	29e. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINER: On the basic of exam	nination and/or investigation,	In my opinion, o	death occured at th	e inne, cate and prece, s		a) and manner as et
MPLET	(Check only 1 MEDICAL EXAMINER: On the basis of my one) 2 MEDICAL EXAMINER: On the basis of exam 29b. SIGNATURE AND TITLE OF SAFETY			29c. LICENSE NU			a) and manner as of
IPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of exam 29b. SIGNATURE AND TITLE OF SETTING 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 31. DATE FILED (Month Day Year) 32. REGISTRANS	OF OEATH PITEL ST) (1700, F	Potor				

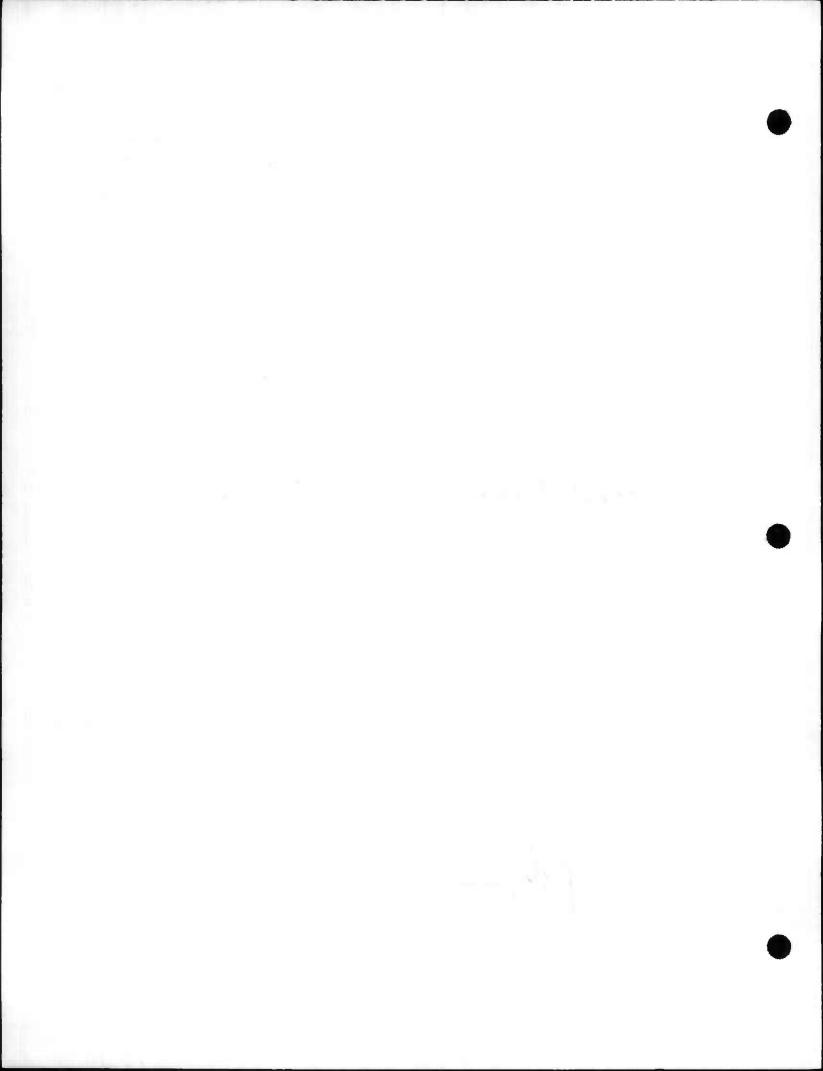
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTIF		_, ,				REG. N			3. TIME OF DEAT
	Henry	Jose	nh	LOBAC	H				Apri		DAY	991	6:14
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1		IF UNDER	24 HRS.	7. DATE	OF BIRTN	,	8. BIRTH	PLACE (State or For
	195-14-2483	1)X M 2 □ F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	. 16.	1924	Penn	sylvanio
	9a, FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, T	OWN OR	LOCATI	ON OF DE				INTY OF D	
CTOR	Washington Co. Ho	spital			Hage	rst	own				Wa	shing	gton
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR	LOCATIO	DN						10d, INSIDE CITY
DIRE	Maryland Wash	ington			ar Sp								LIMITS?
	10e. STREET AND NUMBER	verigicon			we 55	_	ZIP COD	E			10g, CIT	TIZEN OF V	WHAT COUNTRY?
FUNERAL	12533 Rockdale Ro	l.					2172	2			us	SA	
5	11. MARITAL STATUS	12. WAS DECEDEN								? (Specify)		14. RACE	E — American India
BY F	1 Never Merried 2 X Married 3 Widowed 4 Divorced	IF YES, OIVE	NAR OR DATES	wwII				Specify		mount, etc.)		Speci	
	15. DECEDENT'S EDU	CATION		DECEDENT'S	HENNI OCC	TIDATION	M .		1486	KIND OF E	USINESS/IN	DUISTOV	wince
ETE	(Specify only highest grade	completed)		(Give kind of a	work done du se retired.)	ring most	of worki	ng	100	. Killo or E	00111200711		
PL	Elamentary/Secondary (0-12)	College (1-4 or 5	"/	M	lachin	ist			N	lack 7	ruck		
COMPL	17. FATHER'S NAME (First, Middle, Last)		1				18. MOT	HER'S NA	ME (First,	Middle, Maid	en Surname)		
ш	John Lobach					/	Anna	C.C.	10/2	.g. 12	وأعلار	lanin	ski
0 8	19a. INFORMANT'S NAME (Type/Print)	, , ,		19b. MAILING									100
F	Anna Catherine Lo	bach			Rock				ear				
	20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Ren	noval from Stata	20b. PLA	ce of oispo ths bu	SITION (Nam	e of cem	etery, crei	matory or			LOCATION -		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUVERAL SERVICE LI		Sm	censou				SS OF FA	CILITY	Sin	ithsbu	vig, №	עו
	21. SHAMI WHE UP POWERAL SERVICE L	CENSEL /)_		22. N					Home			
	Tennis	K.T	Jan	0	Ø 1	Rt.	. 3	Box	78 5	mith	hura		21783
	23. PAHT i. Enter the disesses, Dr shock, or heart failure.				not anter t	ha mod	ie of dy	ing, suc	h ss car	disc Dr re	piratory a	rrest,	Approximation interval B
	IMMEDIATE CAUSE (Final												Onset and
	disease or condition resulting in death)	Parotic	labsce	ss wit	h ser	sis							3-4 w
			O (OR AS A CON		PF-):								1-2 y
ON	Sequentially list conditions,	B. Refract	OFY AIL		NF):								1-2 y
CATION	if any, leading to immediate cause. Enter UNDERLYING	Chronic	Obstr	uctive	Puln	nona	ry l	Disea	ase				Many
RTIFIG	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CON	SEQUENCE O									
LLI LLI	resulting in death) LAST	d. Renal I	Failure										2½ w
L C	PART II. Other significant condition	ns contributing to	o death but no	ot resulting	in the und	ieriying	cause	given in	Part I.		AN AUTOPS	7 241	b. WERE AUTOPSY F
DICA										1033	PORMED?		AMAILABLE PRIOR COMPLETION OF (
ш									_	_ = =	Λ		1 YES 2
Σ													
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF	DEATH (Ch	eck only o	ne)			
YSICI	1 WES 2 X NO	1X Inputient 2	☐ ER/Outpation	n 3 🗆 DOA	4 Nursi		5 🗆 F	lesidence	6 🗆 Oth	er (Specify)			
PHY	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE O (Month,	PF INJURY Day, Year)	28b. TII	ME OF	28c. INJU	RK?		28d. DE	SCRIBE NO	W INJURY O	CCURED	
BY	2 Accident Investigation	00 01 000	AND IN LOCAL TO	11	М		'ES 2	NO	00111	DATE OF THE OWNER OWNER OF THE OWNER O			David Market
ED	3 Suicide 8 Could not be 4 Nomicide determined	building	OF INJURY — A	u nome, farm,	etreet, facto	ry, office				or Town, St		er or Hurbi	Route Number,
Ш	an ormanical								1				
MPL	(Check only	-											(a) and manner
00	2 MEDICAL EXAMIN		adminiment and	aran investigati	on, in my of	ormon, de				and place			111111111111111111111111111111111111111
l III	296. SIGNATURE AND TITLE OF CERTIFI	921n	۔ سه					1062	MBER				D (Month, Day, Year) 15, 199
面	Commun.	WO COMPLETED CA	USE OF DEADING	TTEM 271 /5-	e Print)		טע	.002					, 1//
TO BE COMPI	IS 30 NAME AND ADDRESS OF DESCON W			(III EM ZI) (ND	-, FINI()								
TO B	30. NAME AND ADDRESS OF PERSON W				Wash	ingt	on	Stree	et. 1	lager	stown	, Man	ryland 2
TO BI	Edward W. Ditto, 31. DATE FILED (Month, Day, Year) APR 08 91	III, M.I		West		ingt	on	Stre	et, l	lager	stown	, Man	ryland 2



			FOR STATE REGISTRAR	STATE OF MARY			ICATE				ENTAL HYGI REG.		21	00110
	V.	,	1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF DEAT	1		. TIME OF DEATN
	-		LULA BELL	E LUKES						1	MAR	2.0	1991	6:35 A
			4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest	birthday)	IF UNDER		IF UNDER	24 MDS 7	DATE OF BIRTH	el .		ACE (State or Foreign
		Li	254-10-6102	1 □ M 2 🗶 F	75	YRS.	MONTHS	DAY\$	HOURS	MIN. J	une 22,	1915	Georg	ia
	1		9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DEAT	Ή	9c. COL	UNTY OF DEAT	ГН
	es	СТОЯ	Malcolm Grow USAF	Medical Ce	enter		Ca	mp S	prin	gs		Prin	ice Ge	orge's
L	Thomas or P.	됩	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c CIT	Y, TOWN C	OR LOCAT	ION					Dd. INSIDE CITY
	Page	DIRE		ce Georges			0xon						- 1-	LIMITS?
	rmit.		10e. STREET AND NUMBER	c dediges			OXOII	_	ZIP CODE	E		10a, Ci1	TIZEN OF WHA	
	sit pe	RA	813 Forest Drive	South					207				S.A.	
	physician. burial-transit permit. Pages	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE			13.	WAS DEC			ORIGIN? (Specify	_	14. RACE -	- American Indian,
46	phys bunia		1 Never Merried 2 1 Merried	FORCES? 1 Y		0				n, Mexicen, I Specify:	Puerto Ricen, etc.)	Black, V	White, atc.
5	as the	ВУ	3 Widowed 4 Divorced		MASTER S									White
21203-3146	use a	TED	15. DECEDENT'S EDUC (Specify only highest grade		(Gh	ve kind of	USUAL O work done	CCUPATIO	N sl of workin	ng	16b. KIND OF	BUSINESS/IN	DUSTRY	
2	150 OF	E	Elementery/Secondery (0-12)	College (1-4 or 5 +)			se retired.)							
9	the hospital or attending physician, defached for use as the burial-tran once.	COMPLET	12 t7. FATHER'S NAME (Fire), Middle, Last)		Me	rcna	ndis	er				ing Ca		
¥	by the			a wd a							e (First, Middle, Me laude Dr			
RY	bed wid	BE	George Oscar Edwa	arus	106	MAILING	ADDRES	Q /Street e			ute Number, City or	_	The Cooks	
MARYLAND	5 should	2	Loyal Lee Lukes								Oxon			0745
шì	be dade		20e. METHOD OF DISPOSITION		20b. PLACE (OF DISPO					· +		- City or Town	
ORI	e 6 may ector, p must		1 Burial 2 Cremation 3 Remo	oval from State	other pla	100)				tory				irginia
₹	al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	110	CIOD					as Fune	mo 1 U		z z g z n z u
BALTIMORE,	after death. Page 5 may be retained by y the funeral director, page 5 should be noval. cal examiner must be notified at		+ Headens	Kale &							as rune 1 Rd. C			d.
ш			23. PART i. Enter the diseeses, or c	omplications that cou	sed the de	sth. Do	not enter	the mo	de of dy	ing, such	as cardiac or r	espiratory a	rrest,	Approximate
	filled in ton, or related in the median		ahock, of heert fallure. I	List only one cause o	n each line.	•								Onset and Death
	= I		disease or condition resulting in desth)	Metast	atic E	Breas	st Ca	ncei	•					
9		l	, rosaning in account	DUE TO (OR A										
13146,	executed within n and completely to burial, crema imatic event,	N	Sequentially list conditions,	b										
	s be elecutivician and crior to burit	Ĭ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEC	DUENCE O	F):							
ВОХ	hcate be physician ne prior to	S	CAUSE (Disease or injury	DUE TO (OR A	AS A CONSEC	DUENCE O	F):							-
o	eath certifical attending phy rtal Hygiene p y, or other	CERTIFICATION	that initiated eventa reaulting in desth) LAST											
۹.	e death certification of the attending phase Mental Hygiene fury, or other	3		J										+
RDS,	F 19 E	CAL	PART II. Other algorificent condition	s contributing to deat	th but not n	esuiting	in the u	nderlying	g cause (given in Pa		B AN AUTOPSY REORMED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
OR	requires tha leen signed I of Health a shows any	od	-								1 YE	S 2 X NO		OMPLETION DF CAUSE OF DEATH?
RECO	requires een sign of Heat	MEDI									_		1	☐ YES 2 ☐ NO
_ 	has be Dept.	AN.			-			200						
VITAL	PHYSICIAN: The law requirels certificate has been with the State Dept. of riked, or item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	53.5		OTHE	A:		EATN (Check				
>	the S	1YS	1 YES 2 NO 27. MANNER OF DEATH	1X Inpatient 2 ERA		26b. TIR	-	rsing Nom 28c. INJ			Other (Specify)		CCUBED	
P	this with		Natural 5 Pending	(Month, Day, Ye	ar)	IN	JURY	WO	RK?		LOG. DESCRIBE IT	OW INSORT O	COMED	
	After death	ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJ	URY At ho	me, farm,	street, fec				261. LOCATION (SI	reet end Numb	er or Rural Rou	ite Number,
DIVISION	TTEN TOR: after	TED	4 Homicide 6 Could not be	building, etc. (Specify)						City or Town, S	State)		
5	DIRI DIRI	7	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, de	ath occum	red at the	time, date	and place	, and due to	the cause(e) and	l manner se st	tated.	
_	3 7 N E	COMPLET	onel -	R: On the basis of examin										and menner as stated.
	FUN WITH		29b. SIGNATURE AND THOUGH CERTIFIER	U				_	29c. LIC	ENSE NUMB	ER	29d. DA	ATE SIGNED (A	Aonth, Day, Year)
	THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: 1	BE	(Ne)	1mm	- NE	C						N	20 Mar	
/	Y Z Z	5	30. NAME AND ADDRESS OF PERSON WH	10 1 1 2 1 Y 2 1 Y 2 1 Y 2 1 Y 2 Y 2 Y 2 Y		M 27) (Type	e, Print)	МАТ	COL	CROT	W USAF N			
10			WILLIAM J. FLYNN,								MD 20'			EK
	;		MAR 2 2 '91	32. REGISTRAR'S S	SIGNATURE PO	ndelle								



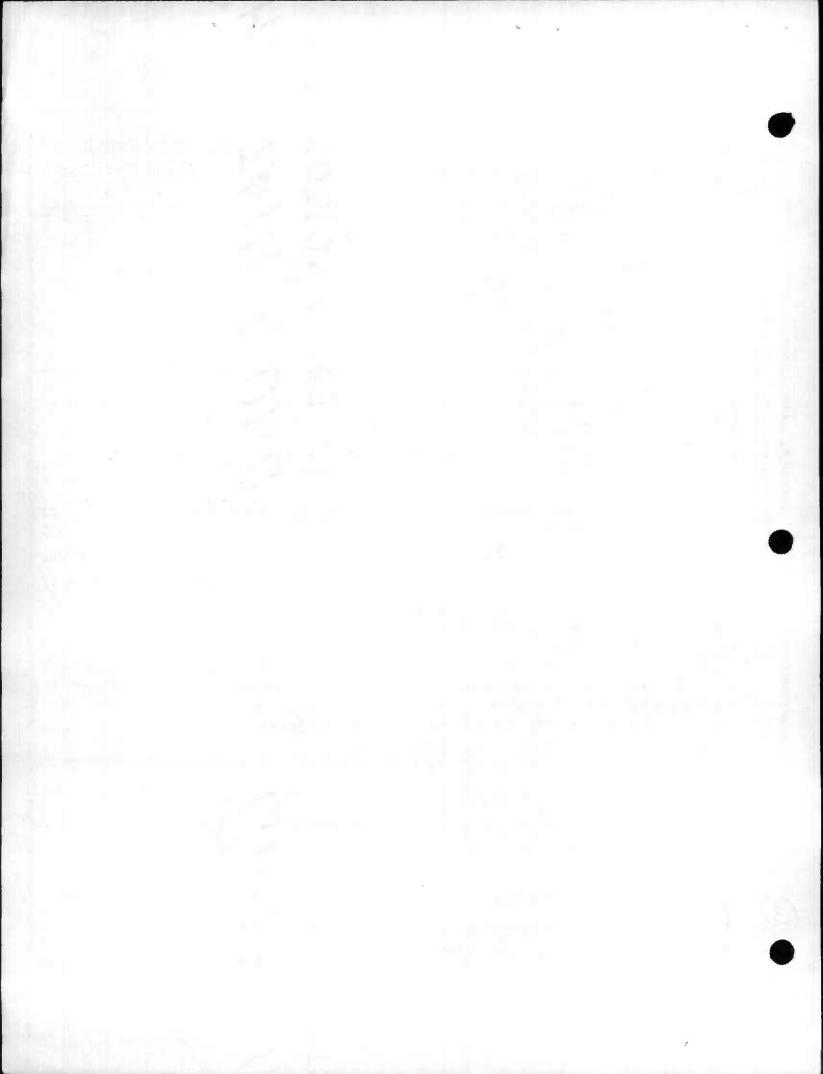
DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Abioth, Las	With the second	DUDOU		_				2. DATE OF DEATH	MY 12	OVEAR &	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		DUPON	-					3 -	1)-		ACPI
578-32-9257	S. SEX 1 □ M 2 🂢 F	6. AGE (In yes. 4	VRS.	MONTHS 1	DAYS	HOURS 14	MIN.	June 8,	1916	Mary	land
Southern Mo	rVIAnc	HOSP	ital	эр-спх. т	O HWO	HLOCATION	OF DE	ATH	Pri	nty of DEAT	"Ocor6
HESIDENCE OF DECEDENT 10s. STATE 10s. COU	KTY		10c. CIT	Y, TOWN OR	LOCAT	ION				10	Id. INSIDE CITY
Maryland Princ	e George	's	Bı	rentw	000	l				1	YES 2 NO
10s. STREET AND NUMBER					101	ZIP COD€			100000000	TIZEN OF WHA	IT COUNTRY?
4401 41st Street					20	722			U	.S.A.	
11. MARITAL STATUS X Yever Married 2 Married 3 Widowed 4 Divorced	FORCES?	HEVER IN U.S. A 1 YES 2 X WAR OR DATES		111	yes, sp		Mexica	IC ORIGIN? (Specify W n, Puerto Ricen, etc.)	rs or No-	14. RACE — Black, V Specify: Whit	American Indian, thite, etc.
15. DECEDENT'S E (Specify only highest gr	DUCATION ide completed)	100	Gilve kind of i	USUAL OCC				16b. KIND OF BU	JSINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	(+)	al se	creta	rv			Law O	ffice		
17. FATHER'S NAME (First, Minths, Last)		12	,		- /	18, MOTHE	R'S NA	ME (First, Alicidis, Maido			
George Robert I	.ee				24	F184 1179 1000		Laura S	A CONTRACTOR OF THE PARTY.		
THE INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a	nd Number o	Rural F	Route Mumber, City or To	wn, Store, 2	Sjo Codeji	
Robert E/ Lee		7	46 Fa	rming	gto	n Roa	ıd,	Accokeek	, Ma	ryland	20607
20a METHOD OF DISPOSITION Surfal 2 Constation 3 D R 4 Documentage Disposition Dispositio	movel from State			III"C			03-	THE RESERVE OF THE PARTY OF THE		d, Ma	ryland
THE BETWEE OF HOMER AND SERVICE	LIPENSEE S	la.		FR	AN		AS	CH'S SON			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.)	h. DUE T	D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	EQUENCE O	f):							
resulting in death) LAST	4						_				
PART II. Other significent conditions when I color	Charles Contributing	hon -	resulting	15 by	O Ja	g cause gl	wen in		N AUTOPS'	0	ERE AUTOPSY FINDIN INELABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outputient	a Ci ppa	OTHER				eck any one)			
27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE ((Month)		20b. Tik		IBC. INJ	URY AT SRKT		8 Other (Specify) 28d, DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investigation 3 Stutcide & Could not determined	28s. PLACE building	OF BUILDRY — AI g, etc. (Specify)	home, farm,	street, facto	ry, affic	•		28f. LOCATION (Since City or Rown, State	E and Numb	er or Russi Rou	to Alumber
Contract and	A CONTRACTOR OF THE PARTY OF TH							to the cause(s) and m			od manner as stated
296. SIGNATURE AND TITLE OF SERTI						12)		MBER Y	1000000	2//3/	4000. Day 1600)
30, NAME AND ADDRESS OF PERSON	205 TAA	~	2711.271.676.880	e, Print)							
MAD 18	*Q1	Lulia Davi	down-A	andre							

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	2		*
	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		. 28 is marked or them 23 shows any injury or other traumatic event the medical examiner must be notified at one
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	sician	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Trater
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-	After	death	-
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			CENTIFIC	ATE OF DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)	1.			2. DATE OF DEATH MONTH	DAY YEAR	S. TIME OF DEATH
ŀ	4. SOCIAL SECURITY NUMBER	S. SEX SAGE (In	yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7,199	THPLACE (State or Foreign
	577-84-3803	1 DM 2 DF (90	VDQ MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	(Month, Day, Year)	Cou	untry)
ı	Se. FACILITY NAME (If not institution, give str			CITY, TOWN OR LOCATION OF	May 15.	1900 S	South Caroli
1	Lelan P Mema	rial Hosp	ital	River Day		Prince	e George
	Maryland Pri	nce Georges		own on Location Hyattsville		110	10d. INSIDE CITY LIMITS? 1 YES 2 NO
	5409 16th Ave #2	01		101. ZIP CODE 20782	2	10g. CITIZEN O	F WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Bi Sp	ACE American Indian, ack, White, etc. secily: Lack
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BI	USINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema		Priv	ate	
	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S I	AME (First, Middle, Maide	n Surname)	
	Robert Green			Emma	?		
	19a. INFORMANT'S NAME (Type/Print) Shirley Duncan			oness (Street and Number or Run 6th Ave #201 I			
	20s. METHOD OF DISPOSITION 1\(\hat{\text{\ti}}\text{\texi}\text{\texi{\text{\text{\texi}\text{\text{\texitilex{\text{\texi{\texi{\texi{\texi{\texi\texit{\text{\texi{\text{\texi}\texit{\texi{\texi{\texi{\t	wal from State (other place)	ON (Name of cometer), cremetory of		ocation — city or nitland,	
,	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ///		22. NAME AND ADDRESS OF	Johnso	n & Jenl	kins Inc.
	23. PART I. Enter the diseases, or c	omolications that caused t	the death. Do not				
	23. PART I. Enter the diseases, or chock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List girlly one cause on each $SEPT$	the death. Do not ch line.	enter the mode of dying, so			Approximate interval Between
	immediate Cause (Fine)	SEPT DUE TO (OR AS A C NFEC	CONSEQUENCE OF): Y LO CO CONSEQUENCE OF):	enter the mode of dying, so	ich as cardiac or res	piratory arrest,	Approximate interval Between
	Ahock, or heert failure. In the property of th	DUE TO (OR AS A CONTROLED)	CONSEQUENCE OF): TED CONSEQUENCE OF): TED CONSEQUENCE OF): T ED CONSEQUENCE OF):	enter the mode of dying, so to CK CAL SEPT DECUBITUS the underlying cause given RY TRACT IN MELLITUS WI	ICE MIA ULCEK In Part I. 24a. WAS A PERFO	N AUTOPSY	Approximate interval Betwee Onset and Deat & DAYS
	Abock, or heert failure. In the property of th	DUE TO (OR AS A CONTROLEO) MA ACUTE AS	CONSEQUENCE OF): TED CONSEQUENCE OF): TED CONSEQUENCE OF): T not resulting in the consequence of the co	enter the mode of dying, so OCK CAL SEPT DECUBITUS the underlying cause given RY TRACT IN MEDLITUS WA K PENAL FAILL 28. PLACE OF DEATH	In Part I. 24a. WAS A PERFO	N AUTOPSY	Approximate interval Betwee Onset end Deat G DAYS G DAYS G DAYS 24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Ahock, or heert failure. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DUE TO (OR AS A CONTROLED)	CONSEQUENCE OF): TEO CONSEQUENCE OF): TEO CONSEQUENCE OF): THOU TO CONSEQUENCE OF): THOU TO CONSEQUENCE OF): THOU TO CONSEQUENCE OF):	enter the mode of dying, and to CK CAL SEPT DECUBITUS The underlying cause given RY TRACT IN MELLITUS WILL IC REVAL FAILL	In Part I. 24a. WAS A PERFORM 1 UNCER	N AUTOPSY	Approximate interval Betwee Onset end Deat G DAYS G DAYS G DAYS 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Ahock, or heert failure. In the property of th	DUE TO (OR AS A CONTROVERO) CONTROVERO HOSPITAL:	CONSEQUENCE OF): TEO CONSEQUENCE OF): TEO CONSEQUENCE OF): THOU TO CONSEQUENCE OF): THOU TO CONSEQUENCE OF): THOU TO CONSEQUENCE OF):	the underlying cause given CAL SEPT	In Part I. 24a. WAS A PERFORM 1 UNCER	N AUTOPSY PRIMED?	Approximate interval Betwee Onset end Deat G DAYS G DAYS G DAYS 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	Anock, or heert failure. In the property of th	DUE TO (OR AS A CONTROLEO CONTROLEO HOSPITAL: 10 Inspirate 10 10 10 10 10 11 Inspirate 2 ER/Outpet 28a. DATE OF INJURY	CONSEQUENCE OF): TEO CONSEQUENCE OF): TEO CONSEQUENCE OF): TOTO TO	the underlying cause given CAL SEPT DE CUBITUS THE UNDERLY TRACT IN MELLITUS WITHER: Number 10 Residence FF 28c, INJURY AT WORK? M 1 YES 2 NO	In Part I. 24a. WAS A PERFORM 1 UNCER 1 VES. THE Check only one)	N AUTOPSY SHEED? 2 ND SHEED? 2 ND SHEED? 2 ND SHEED SH	Approximate interval Betwee Onset end Deat G DAYS G DAYS G DAYS 24b. WERE AUTOPSY FINDING: AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	Abock, or heert failure. In the property of th	DUE TO (OR AS A CONTROLLE) CONTROLLE) HOSPITAL: Impatient 2 ER/Outpet 28a, DATE OF INJURY - building, etc. (Specific Clan: To the best of my knowle-	TO SHOOMSEQUENCE OF): Y LO CO CONSEQUENCE OF): TED CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF):	the underlying cause given CAL SEPT DE CUBITUS THE UNDERLY TRACT IN MELLITUS WITHER: Number 10 Residence FF 28c, INJURY AT WORK? M 1 YES 2 NO	In Part I. 24a. WAS A PERFORM 1 UNCER 1 VES	N AUTOPSY 2 PMED? 2 ND PMED? 2 ND PMED? 2 ND PMED? 2 PMD PMED PMED PMED PMED PMED PMED PMED	Approximate interval Betwee Onset end Deat G DAYS G DAYS G DAYS 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	Abock, or heert failure. In the property of th	DUE TO (OR AS A CONTROLEO CONTROLEO HOSPITAL: 1 DIE TO (OR AS A CONTROLEO MA ACUTE ACONTROLEO MA ACUTE ACONTROLEO 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) CIAN: To the best of my knowle- R: On the basis of examination	TO SHOOMSEQUENCE OF): Y LO CO CONSEQUENCE OF): TED CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF): TO CONSEQUENCE OF):	the underlying cause given CAL SEPT DE CUBITUS THE underlying cause given RY TRACT IN MELLITUS WILL THER: Nursing Home 5 Residence FY 28c, PLACE OF DEATH (THER: WORK? M 1 YES 2 NO et, factory, office	In Part I. 24a. WAS A PERFECTION 1 YES TH ARE Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street only one) tue to the cause(s) end make time, date and place, in the cause of the cause of the cause on the cause of the caus	N AUTOPSY RMED? 2 ND ND NIJURY OCCURED to and Number or Rule o)	Interval Between Onset end Deat G DAYS G DAYS G DAYS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



2. DATE OF DEATH

DIRECTOR

FUNERAL

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COMPLETED

BE notified

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CERTIFICATION

MEDICAL

PHYSICIAN: S

BY

COMPLETED

BE 2 29b. SIGNATURE AND TITLE OF CENTIFIER

Rnesto 31. DATE FILED (Month, Day, Year)

'91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE lia Davidson-Bondala

Pages

the hospital or attending physician, detached for use as the burial-tray

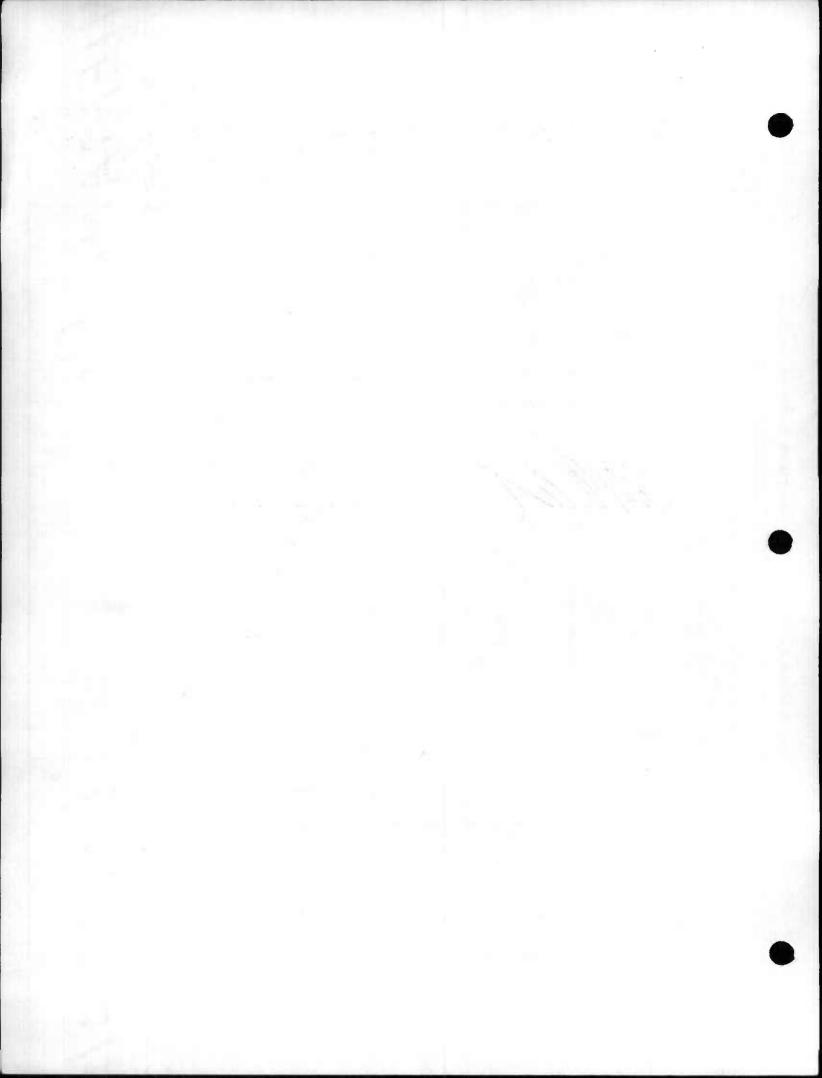
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146 page 5 should be ours after death. Page 6 may be retained by funeral director. completely filled in by the rial, cremation, or removal. burial, cremation, executed within P.O. BOX 13146, and prior to the attending physician Mental Hygiene prior to certificate be PHYSICIAN: The law requires that the death VITAL RECORDS, signed by the has been s Dept. of H certificate h the DIVISION OF this c After to OR ATTENDING DIRECTOR: / HOSPITAL C FUNERAL D within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II



BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR			CERTIF	CATE	OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
İ	FRANCES	P. LOUL	AN					MARCH	27	199	YEAR 1	4.30 "
	4. SOCIAL SECURITY NUMBER			last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTH	IPLACE (State or Foreign
	217-36-8297	1 M 2 TF	81	YRS.	MONTHS	DAYS	HOURS MIN.	MAY 1		۵	MT NI	NESOTA
	9a. FACILITY NAME (If not institution, give s	treet and number)	01		9h CITY	TOWN	OR LOCATION OF D		, 190		NTY OF D	
4				- 1				-AIII				
E C	HERITAGE HEALTH	CARE CENTE	K		TA	KOM	IA PARK			MOI	NTGO	MERY
2	10a. STATE 10b. COUNT	Υ		10c. CIT	r, TOWN O	OR LOCA	TION					10d. INSIDE CITY
DIME DIME	MARYLAND MON'	ים סי	PRING					LIMITS?				
	10e. STREET AND NUMBER		TLVE	-	OI. ZIP CODE			10a. CIT	IZEN OF V	WHAT COUNTRY?		
\$					1."		1					
FUNEHAL	9007 LINTON STRE				T		2090			_	USA	
2	11. MARITAL STATUS 1 Naver Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2		1	If yes, s	CENDENT OF HISPA pecify Cuban, Maxico	en, Puerto Rice		or No-	Black	E — American Indian, k, Whita, atc.
ž	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	••	1	1 TYES	S 2X NO Specif	ly:			Spec WHI:	
2	15. DECEDENT'S EDU	CATION	160	DECEDENT'S	USUAL O	CCUPATI	ION	16b KI	ND OF BUS	INFSS/INI		LE
<u></u>	(Specify only highest grade	completed)		(Give kind of v	vork done o			1001				
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SC	CHOOL I	TEACH	IER		MON	тсом	FRV (COLIN	ry schools
2	17. FATHER'S NAME (First, Middle, Last)		100	11001	LITOI	1111	16. MOTHER'S NA				00011.	II BOHOOLD
_	MATTHEW PONCEL	FT						CESCA		ŕ		
盟	19a. INFORMANT'S NAME (Type/Print)		1	10h MAII INO	ADDRESS	2 /00	and Number or Rural				n Carlet	
2	KIMBERLY D. MARSH	ATT ATTODAT	ev l									RYLAND 20770
1		ALL, ALTOKN	_					DKIVE				
	20a METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 Ram	oval from State	othe	v place)			emetery, crematory or			CATION —		
	4 Donation 5 Other (Specify)		GA	TE OF			CEMETERY		SIL	VER :	SPRII	NG, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE			FR	RANC	IS J. CO	LLTNS	FUNE	RAT, 1	HOME	. INC.
	· KHAMIX	aclase										,MD.20901
	23. PART I. Enter the disesses, or	complications that c	aused the	death. Do r								Approximete
	shock, or heart failure.	List only one ceuse	on each	line.								Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		2 1/1	1								
	resulting in death)	DUE TO (OF	AS A CON	SEQUENCE OF	n:							
_	_											1
HIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OF	AS A CON	SEQUENCE O	F):							
₹	ceuse. Enter UNDERLYING	•										
Ĭ	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CON	SEQUENCE OF	F):							
E	resulting in deeth) LAST	d.										
3								S I			1	
CAL	PART II. Other significent condition	ne contributing to de	eth but n	ot resulting	in the un	nderlyli	ng ceuse given in	Part I. 24	PERFOR		248	o. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	LUA / C	MP S						1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
III												1 YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL	8					PLACE OF DEATH (C	heck only one)				
2	EXAMINER?	HOSPITAL: 1 Inpatient 2 E	R/Outpatian	R 3 DOA	OTHEI		me 5 - Residence	6 Other (S	(pecify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF IN.	JURY	26b. TIM	E OF	26c. IN	JURY AT	26d. DESCR	IBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day,	rear)	, m.	M		YES 2 NO					
By	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF II	NJURY — A	1 home, ferm,	atreet, fact	tory, offi	Ice	26f. LOCATI	ON (Street	and Numbe	or or Rural	Route Number,
ED	4 Homicide determined	building, etc	. (Specify)					City or	Town, State)			
COMPLET	294. CERTIFIER , STIEVING PAYS	IQIAN: To the best of my	knowledge	death occur	ad at the t	time del	te and place, and du	a to the cause	(a) and ma	nner ee et	ted	
- 1	(Coeca only											a) and menner se stated.
8	/ /					de l			31/00			
H	296. SIGNATURE AND TITLE OF CONTIFIE						29c. LICENSE NU	7C		29d. DA	TE SHONES	Month, Day, 147
2	TIVIN	Y/	ala a mili				11700	J7 /			1/4	1/1
	30. NAME AND ADDRESS OF PERSON WI					–	"	V			/	
	THE RESIDENCE OF THE PARTY OF T	_		BELCRES	ST RC)AD	#208 HY	ATTSVI	LLE,	MD.	2 6 78:	2
	DATE FUED (Month, Dey, Year)	32. REGISTRAR	SIGNATUR	Prind M								
	APR 1 - '91	Juna Da	ALCO COLOR	- Washington								
	//	W										DHMH-16 Ray 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			C	ERIT	ICATE OF	DEALL	R	EG. NO.			
1. DECEDENT'S NAME (First,	, Middle, Last)						2. DATE OF I	DEATH	v	YEAR	3. TIME OF DEATH
HARRY P.	LYSIN	GER, SR.					MARCH		1991		-7:00 A
4. SOCIAL SECURITY NUMBER	BEA	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH		6. BIRTI	HPLACE (State or Foreign
579-12-216	5	1 M 2 F	73	YAS.	MONTHS DAYS	HOURS MIN.	JUNE	4,19	917		IFORNIA
9a. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CITY, TOWN	OR LOCATION OF D		,,,		NTY OF D	
2309 SHOREF	TELD	ROAD #133	}		WHEAT	OM			MO	אידירי	MEDV
RESIDENCE OF DEC		KOAD #133	,		WIIEAI	ON			PIC	JNIG	OMERY
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWH OR LOCA	TION					10d. INSIDE CITY LIMITS?
MARYLAND	MOI	NTGOMERY			WHEAT	ON					1 YES 2 NO
10e. STREET AND NUMBER					1	H. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
2309 SHOREFIELD ROAD #133 20902 USA											
11. MARITAL STATUS			T EVER IN U.S. AR			CENDENT OF HISPA			or No-	14. RAC	E — American Indian, k, White, etc.
1 Never Married 2			MAR OR DATES	NO		pecify Cuban, Maxico S 2 X NO Speci		n, etc.)		Spec	
3 Widowed 4 Divo	erced									WHI	ΓE
15. DEC	EDENT'S EDU	JCATION e completed)			USUAL OCCUPAT		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (6	1	College (1-4 or 5	Ele-	. Do NOT u	se retired.)						
12			POL:	ICE (FFICER		FAI	RFAX	COUN	YTY (GOVERNMENT
17. FATHER'S NAME (First, M	fiddle, Last)					16. MOTHER'S NA	ME (First, Midd	e, Maiden	Sumame)		
HARRY LYSIN	GER					LULU	PIERC	Ξ			
19a. INFORMANT'S NAME (1	Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, (City or Town	n, State, Zi	p Code)	
EVELYN W. L	YSING	ER (WI	FE) 2	309 9	HOREFTE	LD ROAD	#133 1	JHEAT	CON N	MARYI	LAND 20902
20a. METHOD OF DISPOSIT			20b. PLACE	AND DAT	E OF DISPOSITIO		DATE				own, Stata
1 Donation 5 Other		noval from State			or other place) AN CREM	ATORY	}	ATES	ZANIDI	7 1 7	VIRGINIA
21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE	TIBINO	CHI		ND ADDRESS OF F	ACILITY	ALIE	VSIGIVI	VIA.	VINGINIA
2	0,41	alhala	10.			IS J. CO					
507	ell L	Huckar			500 U	NIVERSIT	Y BLVD	,W.	SIL.	.SPR	,MD.20901
23. PART I. Enter the d	liseeses, or eest fellure.	complications the	at coused the de	eath. Do	not anter the m	ode of dying, su	ch as cardiac	or respi	ratory as	rreat,	Approximate interval Between
											Onset and Deal
disease or condition											
disease or condition resulting in death) Due to (or as a consequence of): Coromany arteriosclerosis									·a·		
resulting in death)	→	a	COY OF AS A CONSE	OUENCE O	FI:	arr	ste	in	ia.		
The file	→ 	DUE TO	COY OF AS A CONSE	OUENCE O	fice c	arr	ter	ios	icle	200	212
Sequentially list condit			O (OR AS A CONSE			Sar	ter	ios	icle	200	22
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate ING					Sar	ter	ios	icle	200	22
Sequentially list condit if any, leading to imme	diate ING	OUE TO		OUENCE O	F):	Sar	ter	205	icle	200	SIS
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate ING ury	OUE TO	O (OR AS A CONSE	OUENCE O	F):	Sar	ter	205	icle	200	SIS
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	odiate ING ury	DUE TO	O (OR AS A CONSE	QUENCE O	F):						
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	odiate ING ury	DUE TO	O (OR AS A CONSE	QUENCE O	F):				AUTOPSY		b. WERE AUTOPSY FINDING AMALABLE PRIOR TO
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ediate iNG ury ST ant conditio	c DUE TO d	O (OR AS A CONSE	QUENCE O	F):		Part i. 24	a. WAS AN	AUTOPSY		b. WERE AUTOPSY FINDING
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ediate iNG ury ST ant conditio	c DUE TO d	O (OR AS A CONSE	QUENCE O	F):		Part i. 24	a. WAS AN	AUTOPSY		b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ediate iNG ury ST ant conditio	c DUE TO d	O (OR AS A CONSE	QUENCE O	F):		Part i. 24	a. WAS AN	AUTOPSY		b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS	ant conditio	DUE TO DUE TO d. na contributing to	O (OR AS A CONSE	QUENCE O	F): In the underly! 26. OTHER:	ng cause given ir	n Part i. 24	a. WAS AN PERFOF	AUTOPSY		b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other significations of the cause of the	ant conditio	DUE TO d	O (OR AS A CONSE	QUENCE O	F): In the underly! 26. OTHER: 4 Nursing H:	ng cause given in	n Part i. 24	a. WAS AN PERFOF YES 2	AUTOPSY IMED?	24	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the cause of the	ent condition TO MEDICAL Pending Investigation	DUE TO d na contributing to HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month,	O (OR AS A CONSE O (OR AS A CONSE O deeth but not ER/Outpetient : F INJURY Dey, Year) OF INJURY — At h	QUENCE O	F): In the underly! 26. OTHER: 4 Nursing Ho AE OF JURY M 1	PLACE OF DEATH (C	heck only one) 6 Other (S) 28d. DESCR	a. WAS AN PERFOF YES 2 Decily) BE HOW I	AUTOPSY IMED?	24	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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32. REGISTRAR'S SIGNATURE
Julia Daydon Randell

'91

Property of the same INTERNATION OF BUILD THE THEORY FOR STATE REGISTRAR

HARVEY

1. DECEDENT'S NAME (First, Middle, Last)

1 -

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90,	within
687	xecuted
×	8
. BC	pificate
Ö	9
e L	death
Ö	鲁
<u>س</u>	that
RECO	requires
_	W.
₹	The
OF VIT	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	DR
	HOSPITAL

COMPLETED

BE

2

TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If III

294 SIGNATURE AND TITLE OF CERTIFIER

MARIAMOS

Mulite

31. DATE FILED (Month, Day, Year)
MAR 29 '9

'91

	217 98 5591	1 XM 2 F	16	YRS. MONTHS	DAYS HOURS M	Jan.	Day, Year)		
	9e. FACILITY NAME (If not institution, give a	treet end number)		9b. CIT	Y, TOWN OR LOCATION		9c. COU		
O. H	SUBURBAN HOSPITAL			BET	BETHESDA M				
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v							
E .	250,000		,	Oc. CITY, TOWN					
0	Maryland Monto	omery		German					
A A	The same continued				10f, ZIP CODE		10g. CFT		
FUNERAL	16120 Germantown 11. MARITAL STATUS	Road 12. WAS DECEDENT	EVER WILL ARMS	0 40	2087		Unit		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [YES 2 NO	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spell yea, specify Cuben, Mexicen, Puerto Rican, 1 ☐ YES 2 ☒ NO Specify:				
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEC	ENT'S USUAL C	OCCUPATION during most of working	16b. K	6b. KIND OF BUSINESS/IN		
1 4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)	comy most or working				
COMPL	10		Stud	ent			High Scho		
CON	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER	'S NAME (First, Mic	ddia, Melden Surname)		
BE	Harvey S. Lewis					go Calvet			
TO BE	19e. INFORMANT'S NAME (Type/Print)				S (Street and Number or				
	Harvey S. Lewis				mantown Re				
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) ET	oval from State		TE OF DISPOSITION (Name 03-28419) 20c. LOCATION or other place)					
	4 □ Donation 5 ☑ Other (Specify) 上 ☐ 21. SIGNATURE OF FUNERAL SERVICE LI		Gate of		Mausoleur		Silver S		
	21. SIGNATURE OF PUNERAL SERVICE EN	CEISEE		22 -	name and address	ille, Ir	ic. 300 W		
	Althy of li		M00689		enue, Roc				
ION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. MULTI DUE TO (C	OR AS A CONSEQUE	NCE OF):	r the mode of dying				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cOUE TO (C	DR AS A CONSEQUE	ENCE OF):					
	PART II. Other algnificant condition	ne contributing to d	leath but not reas	ulting in the U	nderiving cause give	en in Part I.	24e. WAS AN AUTOPSY		
: MEDICAL CI							PERFORMED?		
AN:	25. WAS CASE REFERRED TO MEDICAL				04 01 40F 0F 0F 0	The Charles and and			
PHYSICIAN:	EXAMINER? 1 4-YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 Nu	26. PLACE OF DEAT	- 7			
H.	27. MANNER OF DEATH	26e. DATE OF II (Month, De)	NJURY 2 (Year)	16b. TIME OF	28c. INJURY AT WORK?	28d. DESC	RIBE HOW INJURY O		
BY PH	1 Netural 5 Pending 2 Accident Investigation	03/24/	91	10:49PM	1 TYES WX N	o AUTO	ACCIDENT		
	2 Accident		INJURY - At home						

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAB'S SIGNATURE

KOPELI

2 MEDICAL EXAMINER: On the basic of examination

CERTIFICATE OF DEATH

LEWIS, II

29c. LICENSE NUMBER

O.C.M.E.

111 PENN STREET, BALTIMORE, MARYLAND 21201

28d. DESCRIBE HOW INJURY OCCURED

AUTO ACCIDENT/IMPACT TREE

29d, DATE SIGNED (Month, Day, Year)

03/25/91

26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

16000 DARNESTOWN ROAD

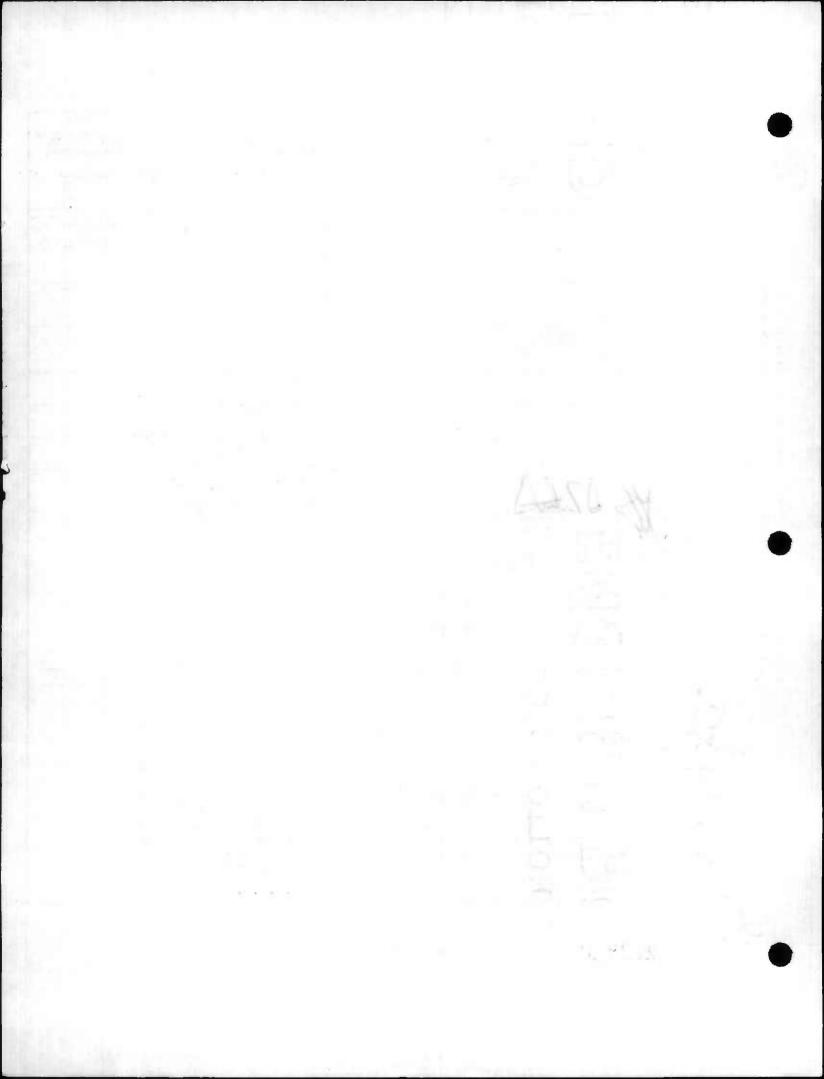
03

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH YEAR A 91 BIRTHPLACE (State or Foreign Country) RTH Year) 1975 Washington, D.C 9c. COUNTY OF DEATH MONTGOMERY CO 10d. INSIDE CITY 1 - YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Specify White OF BUSINESS/INDUSTRY gh School Melden Sumame) Calvetto or Town, State, Zip Code) antown, Maryland 20874 20c. LOCATION — City or Town, Stata Silver Spring, Maryland ert A. Pumphrey Funeral 300 West Montgomery aryland 20850-2805 r respiratory arrest, Interval Between **Onset and Death**

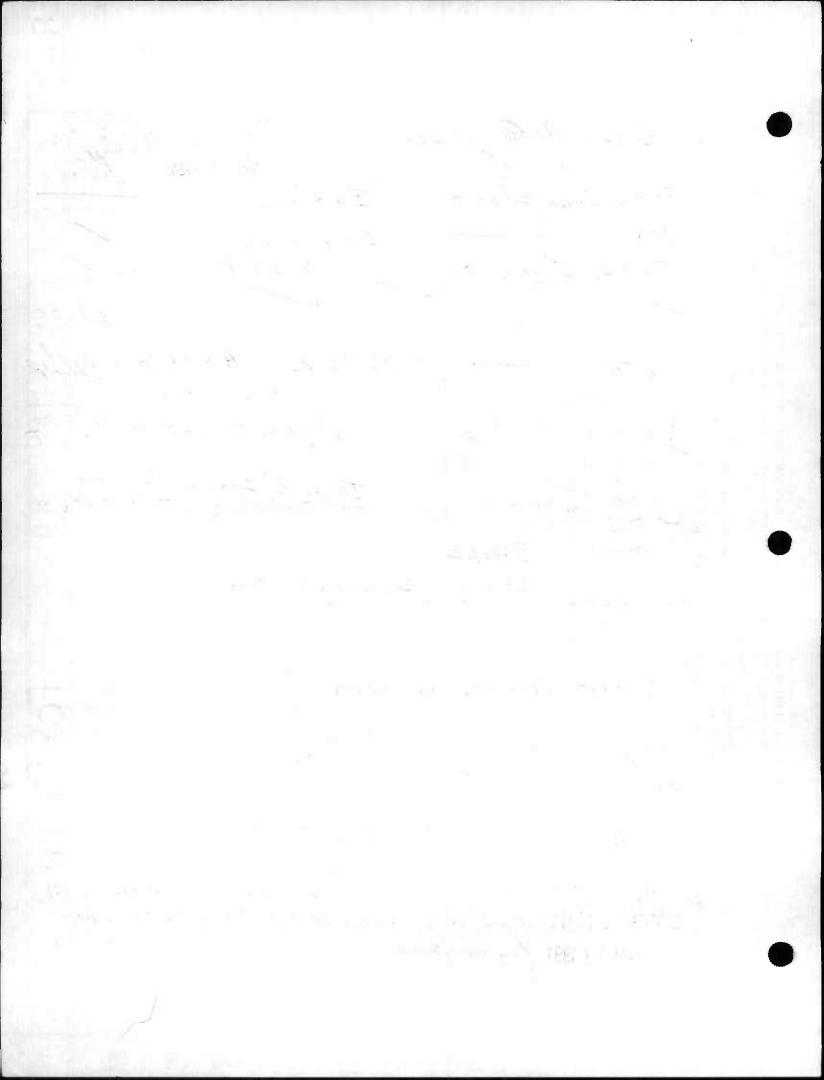
DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

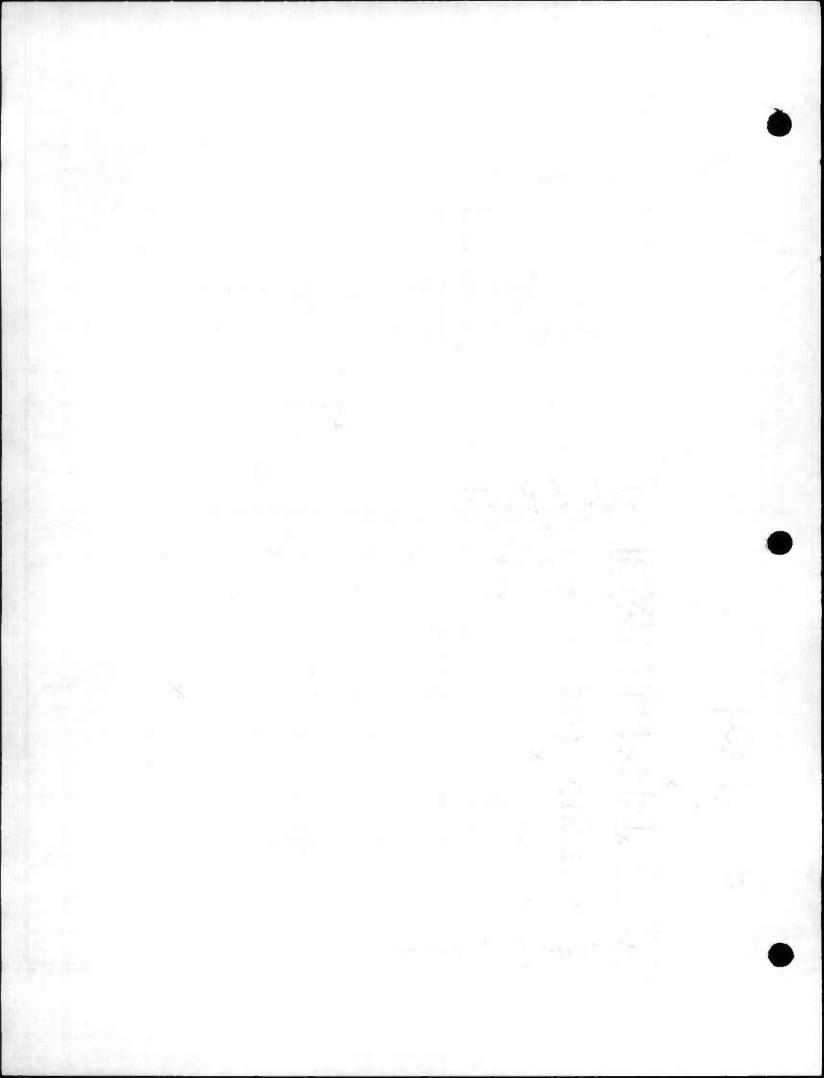


	Olive	M- 1001)	Man	12		2. DATE OF OEATH	DAY -9"	3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER	5. SEX	AGE (In yrs. lest bir	MACHINE DAY		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fore Country)			
2	90. FACILITY NAME (If not institution 3832 B	- 0	1		N OR LOCATION OF D		9c. COUNTY	OF DEATH			
DIRECTO											
	10e. STREET AND NUMBER	BANK	5¥ .	10/	101. ZIP CODE 2/2	1	10g. CITIZEN	1 YES 2 N			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEOE FORCES?	NT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES	If yes	DECENDENT OF HISPA , specify Cuben Metric YES 2 NO Specif		es or No — 14	. RACE — American Indies Black, White, etc. Specify:			
ETED		"S EOUCATION at grade completed) College (1-4 or 5	(Give i	DENT'S USUAL OCCUP	ATION most of working	AIRI	USINESS/INOUS	TCK ING (
E COMPL	17. FATHER'S NAME (First, Middle, L	ast)	Rix	che	18. MOTHER'S N	AME (First, Middle, Maide	ni surnamo)	is J			
TO B	196. INFORMANT'S NAME (TYPHEN	Perd	ue 196. N	383Q	et and Number or Rural	Route Number, City or To	BA H	6. Hd 21			
	20. METHOS OF DISPOSITION 1- Burial 2 Cremation 3			od date of disposite matery or other place) Hill Cem			ocation — cit				
	Laurel Hill Cem. 3-26-91 Barton, Md. 21. BIGHATUH OF THEREAL BERNOLUCENSEE 22. NAME AND ADDRESS OF FACILITY 305 eph B. Zrannino Francis 26.3 5. Conkling St. Br.										
	shock or heart if	or complications the state of t	ause on each line.	h. Do not enter the	mode of dying, au	ch as cardiac or rea	piratory arrea	t, Approxim Interval B			
RTIFICATION	shock of heart in IMMEDIATE CAUSE (Final disease or collidion	e. SHOOLE T	ause on each line.	ENCE OF): Se (ON d) ENCE OF):	mode of dying, au	ch as cardiac or rea	piratory arrea	t, Approxima			
MEDICAL CERTIFICATION	IMMEDIATE CAME (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. SHOOLE T b. DE DUE T c. DUE T d	MEATIA TO (OR AS A CONSEQUE	ENCE OF): Se (ON O (ENCE OF): ENCE OF):	mode of dying, au	# A	NN AUTOPSY ORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?			
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	b. DE T d. DUE T CANC	TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE	ENCE OF): ENCE OF): ENCE OF): Ulting in the underlied of the second o	mode of dying, au	T Part I. 24a, WAS A PERFO	NN AUTOPSY ORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?			
PHYSICIAN: MEDICAL	immediate consistent disease or coloring in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant coloring in death coloring in	DUE T d. DICAL HOSPITAL: 1 □ Inpatient 2 28e. DATE ((Month).	AUSE ON EACH III. AND CON AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO ER/Outpatient 3	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): OTHER: DOA OTHER: HUNDRY 28c- INJU	ying cause given in	T Part I. 24a, WAS A PERFO	NN AUTOPSY ORMED?	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH?			
TED BY PHYSICIAN: MEDICAL	IMMEDIATE CASE Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the cause of t	e. SHOULE TO DUE	TO (OR AS A CONSEQUENT OF INJURY)	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): OTHER: DOA 4 Nursing 286. TIME OF RNJURY M 1	ying cause given in B. PLACE OF DEATH (CHome 5) Residence INJURY AT WORK?	## A Pert I. 24e. WAS A PERFO 1 YES heck only one)	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF COPE FEATH? t YES 2 :			
TED BY PHYSICIAN: MEDICAL	IMMEDIATE CASE Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the cause of t	e. SHOULE TO DUE	TO (OR AS A CONSEQUE TO (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): Ulting in the underly OTHER: DOA 4 Nursing 286. Time OF INJURY M 1 a, farm, street, factory,	ying cause given in S. PLACE OF DEATH (CHOME 5 Residence INJURY AT WORK? YES 2 NO office	Part I. 24e. WAS A PERF. 1 YES theck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Street City	NN AUTOPSY ORMED? 2 NO W INJURY OCCUPATION OF Early Number or tend Number or tend number or tend number as stated.	24b, WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 8			
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CASE Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the cause of t	DICAL HOSPITAL: 1 Inpetion 28e. PLACE building of Physician: To the best of the page of t	TO (OR AS A CONSEQUE TO (OR AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): Ulting in the underly OTHER: DOA 4 Nursing 286. Time OF INJURY M 1 a, farm, street, factory,	ying cause given in S. PLACE OF DEATH (CHOME 5 Residence INJURY AT WORK? YES 2 NO office	The Part I. 24a. WAS A PERFORM I LOCATION (Street Colly or lown, Steet to the cause (a) and me time, date and place,	AN AUTOPSY ORMED? 2 NO V INJURY OCCUP of and Number or te)	24b, WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 8			
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or colonium resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant colonium	DICAL HOSPITAL: 1 Inpetion 28e. PLACE building of Physician: To the best of the page of t	TO (OR AS A CONSEQUE TO (OR AS	ENCE OF): Se (ON O) ENCE OF): ENCE OF): ENCE OF): OTHER: DOA 4 Nursing 10., farm, street, factory, n occurred at the time, estigation, in my opinic	ying cause given in B. PLACE OF DEATH (O Home 5 Residence INJURY AT WORK? YES 2 NO office data and place, and du to, death occurred at th	The part I. 24a. WAS A PERFO I TO THE PERFO I TO TH	NA AUTOPSY ORMED? 2 NO WINJURY OCCUP of and Number or te) N29d, DATE S	24b. WERE AUTOPSY FINANCIAN COMPLETION OF COF DEATH? 1 YES 2 1			



n.	ansit permit. Pages 1. 2.		
the hospital or attending physic	detached for use as the burial		once.
INIG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	wher this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed within 24 nours after	cian and completely filled in by the	death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, of removal.	aumatic event, the medical
requires that the death certificate	en signed by the attending physic	or Health and Mental Hygiene pri	shows any injury, or other tr
TENDING PHYSICIAN: The law r	TOR; After this certificate has be	offer death with the State Dept.	28 Is marked, or Item 23 s
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIREC	be filed within 72 hours after de	IMPORTANT: If item 28 Is

1 - STATE REGISTRAR		STATE OF M			RTMENT) MEI	NTAL HYGIEN REG. NO	E		
1. DECEDENT'S NAME EDWARI	NAME (First, Middle, Linst) ARD THOMAS MCCAGH SR.								MARCH 27	1 YEAR	3. TIME OF DEATH 7:00 A M	
4. SOCIAL SECURITY 1700365		5. SEX 1 X M 2 F	8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. OATE OF BIRTH 2 F UNDER 24 HRS. 7. OATE OF BIRTH 7. OATE OF BIR				OATE OF BIRTH (Month, Day Hear)	1911	8. BIRTH Countr	PLACE (State or Foreign PENNA.		
90. FACILITY NAME (# SACRED I	HEART HO				BERL	AND	DEATH		9c. COUNTY OF OEATH ALLEGANY			
100. STATE MARYLAND	10b. COUNT	EGANY		Y, TOWN OR VALE	LOCATION	N	Ξ		I	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
BOX# 84		ORTEST DA	Y ROAD			10f. Zi	2150	2		10g, CITIZEN OF WHAT COUNTRY? U.S.A.		
10e. STATE MARYLAND 10e. STREET AND NUM BOX# 84 11. MARITAL STATUS 1 Never Married 3 Widowed 4	9- M-	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		If :		y Cuban, Me:		ORIGIN? (Specify Yes uerto Ricen, atc.)	or No—	14. RACE Black Speci WH]	
Elementary/Second 17. FATHER'S NAME (FRANCE)	DECEDENT'S EDI fly only highest grad ary (0-12)	COLLEGE +	, ,	Give kind of te. Do NOT u	EDENT'S USUAL OCCUPATION I kind of work done during most of working to NOT use retired.) MACIST PHARMAC							
17. FATHER'S NAME (F FRANCE)	irst, Middle, Last) CIS LEO	McCAGH				1	8. MOTHER'S MARGA	RET	First, Middle, Maiden WHITE C	Sumame) ASEY		
190. INFORMANT'S NA MARTHA			ı I	BOX#	84	Street and	Number or Ru SHORTE	ST	DAY ROAD	n, State, Zi	VALE	MARYLAND
23. PART I. Enter a shock, IMMEDIATE CAUSI disease or condition resulting in death) Sequentially liet or if any, leading to it cause. Enter UNDI CAUSE (Disease of the shock	1 M Burial 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complicatione that ceused the shock, or heart fellure. List only one ceuse on each lit IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events						CATUR of dying,	STR	FUNERAL EET CUMB	FRI A	rest,	ARYI AND Approximate interval Between Onset and Death
PART II. Other elg		ne contributing to			1	/) -	ceuse given		1 1 YES	RMED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 27. MANNER OF DEAT 1 Natural 2 Accident	1 YES 2 NO Inpatient 2 ER/Outpatiant 3 7. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 2						28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DEŞCRIB					
4 Homicide 29a. CERTIFIER (Check only		SICIAN: To the best of								nner sa st		a) and menner as stated.
296. SIGNATURE AND 30. NAME AND ADDRI	SS OF PERSON W	HO COMPLETED CAU	21-19				D - (75	-26	29d. DA	TE SIGNE	27-9/
	MEHANNA R 2 8 19	32 BEGISTRA	9-B SET			JUMBI	ERLAND	, M	D. 21502			



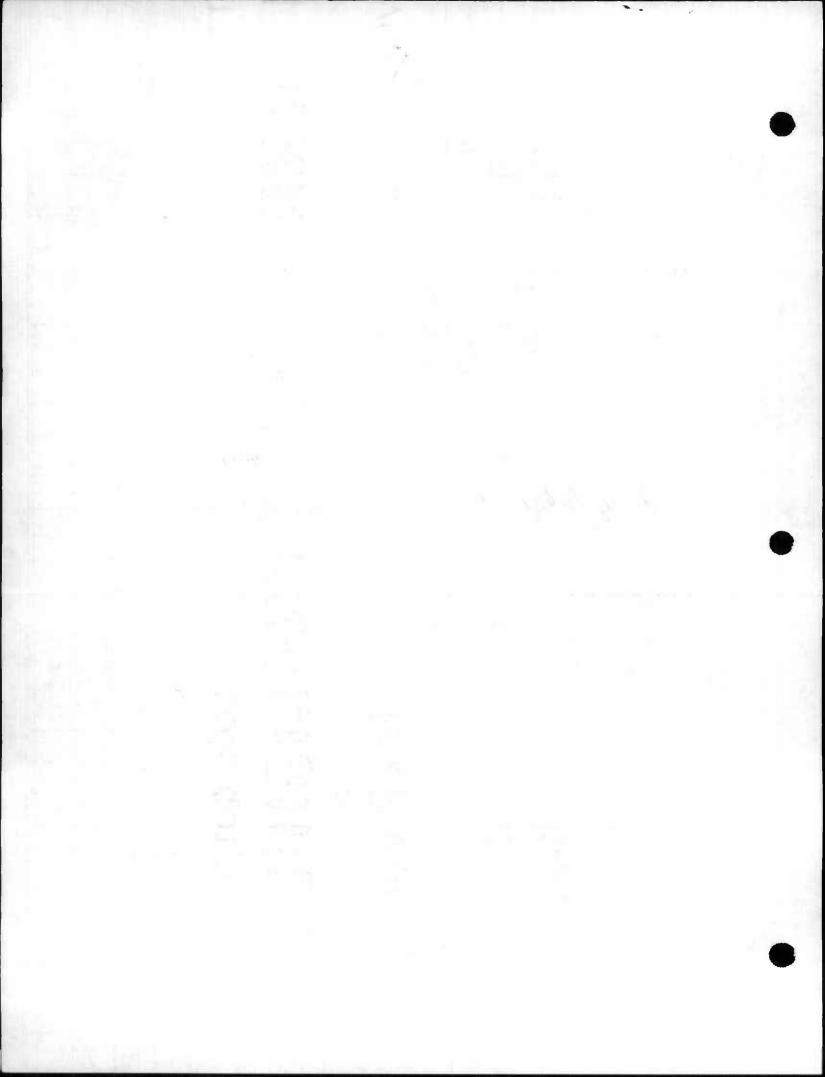
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

od within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh the with the State Deut, of Health and Mental Hotiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has find within 72 hours, after death with the State Deut, of Health and Mental Hotiene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. OECEDENT'S NAME (First, Middle, Last) JOHN LEWIS MAYO						2. DATE OF DEATH	30 1999	3. TIME OF DEATH 18:08 P M	
4. SOCIAL SECURITY NUMBER 192-05-6380	5. SEX 1 X M 2 F	8. AGE (In yrs. least		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
99. FACILITY NAME (If not Institution, give si SACRED HEART HOS				CUMBER	OF DEATH GANY				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CITY 1	TOWN OR LOC	ATION			10d. INSIDE CITY	
								LIMITS?	
10e. STREET AND NUMBER	EGANY		Cun	ABERL:	OI. ZIP COOE		10a CITIZEN	ty YES 2 □ NO	
825 SUNBURY AVENUE 21502									
11. MARITAL STATUS	EVER IN U.S. AR		NIC ORIGIN? (Specify	Ven or No.— 14	RACE — American Indian,				
1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Never Married 2 1 Married FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES					an, Puerto Rican, etc.) /y:		Specify: WHITE	
16. OECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S US	BUAL OCCUPA	TION nost of working	100000000000000000000000000000000000000	BUSINESS/INDUST		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use r	retired.)	nost of working			NE WORKERS	
UNKNOWN		EX	CECUT	IVE			AMERICA		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maid	len Surname)		
JOSEPH MAYOR						NNA ALBO			
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or			
HELEN MAYO		_						AD 21502	
	20a. METHOD OF DISPOSITION 150 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) OMPS CREMATORY 20c. LOCATION — City or Town, State #3.9/ Winchester, VA								
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				AND ADDRESS OF F	CILITY		HOME, P.A.	
Hondy n.	bochurc	W		202	GREENE	ST-CUMBI	ERLAND.	MD 21502	
23. PART i. Enter the diseases, or ahock, or heart failure.	omplications that	caused the de	ath. Do not	t antar the r	node of dying, au	ch as cardiac or re	apiratory arrest	Approximate interval Between	
iMMEDIATE CAUSE (Final disease or condition resulting in death)				ndial	Infan	ction		Onset and Death	
	DUE TO (OR AS A CONSEC	VENCE OF):		J			t e	
Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	b. DUE TO (OR AS A CONSEC	QUENCE OF):						
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):						
DADY II Other clanificant condition	o contribution to	death had not a		Albah san Banda		Daniel Language			
PART II. Other significant condition	a contributing to t	seath but not r	eauring in	tna undeny	ing cause given in	PER	AN AUTOPSY FORMED? 3 2 PNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	ome 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 6 Pending	28a. DATE OF (Month, Da		28b. TIME		NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	RED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At ho etc. (Specify)	ome, farm, atr	eet, factory, or	fice	261. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Route Number,	
29a. CERTIFIER 1 CERTIFYING PHYS								ause(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CENTIFIE				у орниот					
Jy.	upta mo				D 33	2 80	▶ 3	31/9/	
SUNIL GUPT	A MD	E OF DEATH (ITE Mem	- 4	Med	Blog.	Cumharla	nd M	021502	
31. DATE FILEO (Month, Dex, Year) APR 01 1991	32. REGISTRAI	doon-Ran	dell						



TO BE COMPLETED BY FUNERAL DIRECTOR

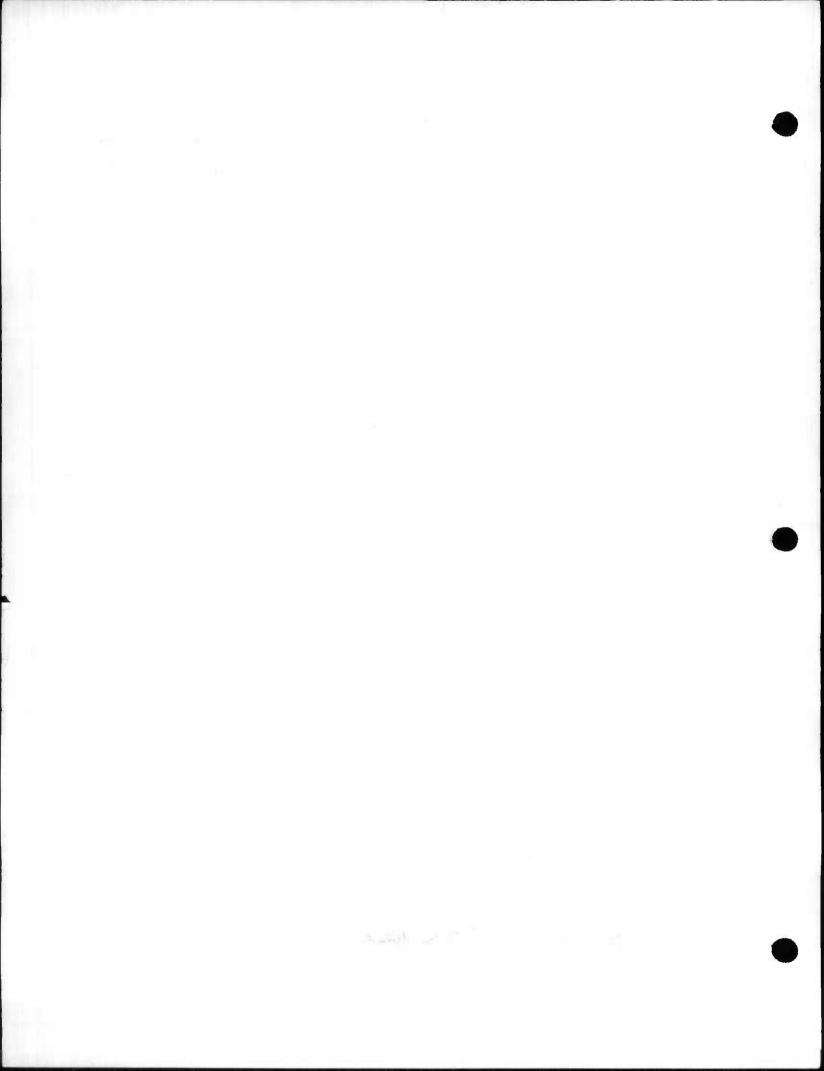
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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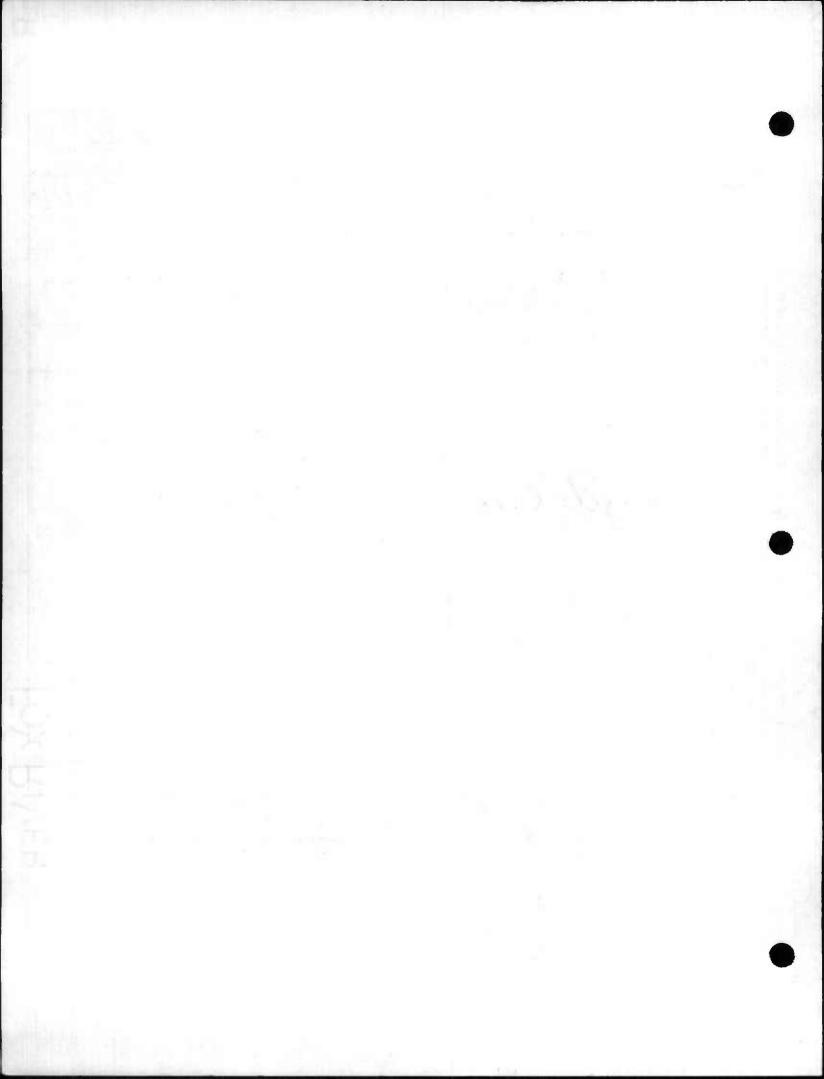
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D		3. TIME OF DEATH
Ruth Isabel	le Muffol	etto			March 21		
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
213-26-4052	1 □ M 2 🖾 X 65	YRS.	HTHS DAYS	HOURS MIN.	May 8,19	24	Maryland
9s. FACILITY NAME (If not institution, give st	reet and number)	94	L CITY, TOWN	OR LOCATION OF DI			Y OF DEATH
5324 Skipjack	Drive		Ca	mbridge)	Do	orchester
10n. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY
	chester	Ca	mbrid	ge			1 TYES XX ND
10a. STREET AND NUMBER 5324 Skipjack	Drive		10	21613		10g. CITIZE	US
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	if yee, or		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	s or No 14	RACE — American Indian, Black, White, etc. Specify: White
3 Wildowed 4 Divorced				AR			WILLCE
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USA (Give kind of work life. Do NOT use re	UAL OCCUPATION OF THE COMPATION OF THE COMPATION OF THE COMPATION OF THE COMPATION OF THE COMPATION OF THE COMPATION OF THE COMPATION OF THE COMPATION OF T	ON out of working	16b. KIND OF BU	SINESS/INDUS	THY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	ntired.)				
7		Homema	ker_				
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
Thomas Henr	·V			Agr	nes Whe	atley	y
19a, INFORMANT'S NAME (Type/Print)		19b, MAILING AD	ORESS (Street	and Number or Flural	Ploute Number, City or Tow	m, State, Zip Co	ode)
Samuel J. Muf	foletto	5324 8	Skipia	ck Driv	ve Cambri	dge,	Md. 21613
20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI	ON (Name of ce	metery, cramatory or	20c, LC	CATION — CI	ty or Town. State
1 X Buriel 2 Cremetion 3 Remo	F I I I I I I I I I I I I I I I I I I I	East New					Market,Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY TIP OT 3 C	Func	eral Home
I the with	nor		700	Locust	St. Camb	ridge	e, Md. 21613
23. PARV I. Enter the diaeases, or cannot be allowed and the second seco	List only one cause on a			Cerca_	ar as cardiec or 1994	matory arres	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventer resulting in death) LAST	c	A CONSEQUENCE OF):					
PART ii. Other eignificent condition	e contributing to death I	but not resulting in	the underlyin	g cause given in	Part 1. 24a. WAS AF PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
					1 🗆 YES	2 NO	OF DEATH?
					_		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. P	LACE OF DEATH (C	heck only one)		
1 YES 2 NO	1 Inpatient 2 ER/Out		☐ Nursing Hor		6 Other (Specify)		
27. MANNEB OP DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre			28t. LOCATION (Street City or Town, State		r Rural Route Number,
290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wledge, death occurred	at the time, dat	e and piece, and du	to the cause(a) and me	inner se stated	1.
222	R: On the property examination	on and/or investigation,	in my opinion,	death occured at the	time, data and place, a	nd due to the	cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIES	1)			29c, LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
WURL	1 m	\supset		\$ 26	278		1-28-91
30. NAME AND ADDRESS OF PERSON WH			int)	5-10	, , , N	216	
David E. Courell,			37.	00/156	7 Mil	010	- 1
APR _ 1 '9	32. REGISTRAR SIG	Sont Banks			U'		

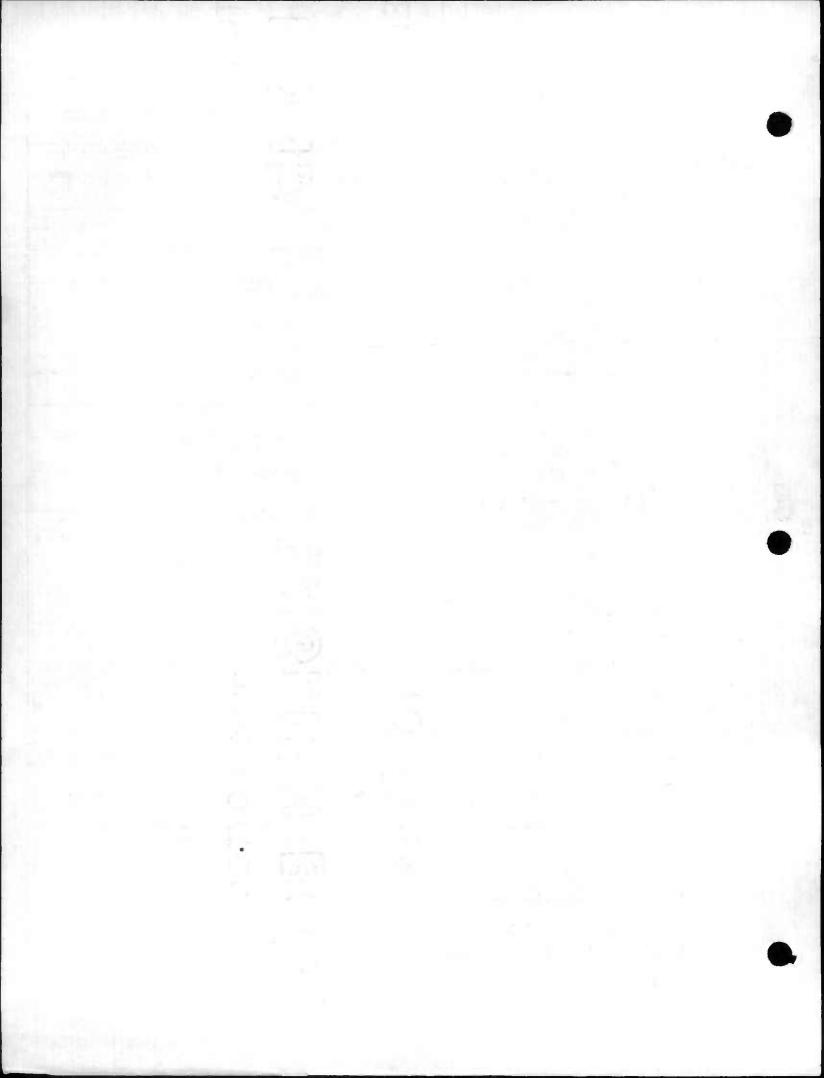


STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	_	03103
	1. DECEDENT'S NAME (First, Middle, Last) HELEN 5	MURI	PHY			DATE OF OEATH		3. TIME OF OEATH
)	4. SOCIAL SECURITY NUMBER 579-09-7788 D 98. FACILITY NAME IT not institution, give so	1 M 2X F 90	YRS. MON	UNDER 1 YEAR ITHS DAYS CITY, TOWNSOI	HOURS MIN.			BIRTHPLACE (State or Foreign Country) Shington, D.C. OF DEATH SCE GROUPE
DIRECTOR	Maryland Prince	George's		own or locati le Hill				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ← NO
FUNERAL (100. STREET AND NUMBER 4110 - 21st Place				ZIP CODE		U.S.	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	23 NO	If yes, spe	INDENT OF HISPANIC city Cuben, Mexican, 2X NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14.	RACE — American Indien, Black, White, atc. Specify. White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 8+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Homemak	done during mos ired.)	N t of working	166. KIND OF BUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Biggs				Unl	(First, Middle, Meiden		
٩	Rita L. Brooke	200	CAM	xon Hil	ll Rd. Ft	. Washing	ton, M	
	1 M Buriet 2 Cremation 3 Rame 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICE	rval from State	emetary, crematory or of Ort Linco	In Ceme	etery	3/26/91 B as Funera	rentwo	od, Md.
	23. PART I. Enter thy diseases, or c	omplications that caused	the death. Do not	6160	Oxon Hil	1 Rd. Oxo	n Hill	, Md.
	ahock, of heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute	CONSEQUENCE OF:		,	y Arre	/	Interval Between Onset and Death Z 711715
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arter	CONSEQUENCE OF): (1) SCLL CONSEQUENCE OF):	mia eteclo es five	erdio Va Hear	sculer trail	Dis ure.	20 yrs.
PHYSICIAN: MEDICAL C	PART II. Other algoriticant condition Modricotrifin Rhower hil	De hy Nat Le Puecumon 1	ion, A.	Ivane.	A Age,	24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PL	ACE OF DEATH (Chec			
B⊀	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Speci	28b. TIME OF INJURY	M 1 V	RK? ES 2 NO	281. LOCATION (Street City or Town, State)	and Number or i	
COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowler: On the best of examination						suse(e) and menner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER Ruhard J. J	Tarson, M.	nD		29c. LICENSE NUME		29d. DATE \$	IGNED (Month, Day, Year) - 23-9/
	30. NAME AND ADDRESS OF PERSON WH RIGHT AV A A	O COMPLETED CAUSE OF DEA	D /2 P.	27010	Fort	RIF,	7.Wa.	sh, md
	MAR 25 91 4	icha Davidson-Ran						20 199



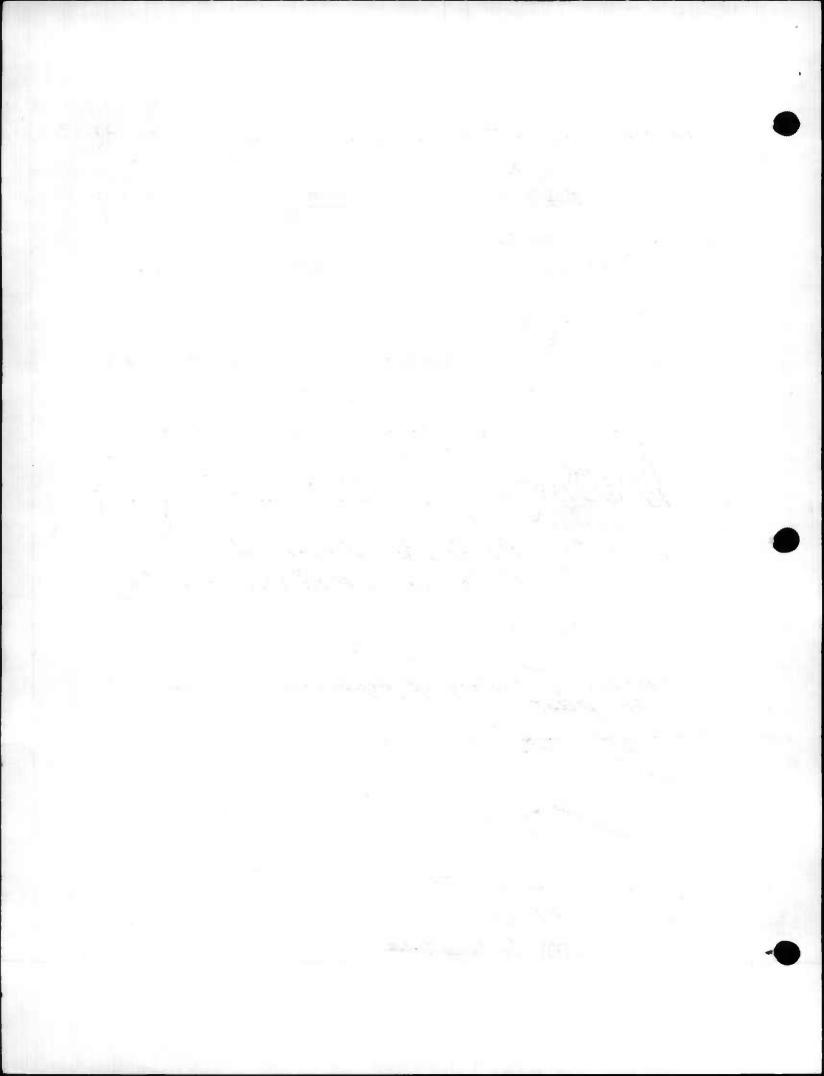
DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

A MICHAEL HIGHER INC. THE BAT I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	LETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marke	TO BE COMPLETED BY P

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND ME	NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	MARGARET ELI			2.	DATE OF DEATH		3. TIME OF DEATH
	mertz, mai	garet &	Elizak	se th		3 28	-	YEAR 22:03 M
V	4. SOCIAL SECURITY NUMBER	77	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
)	227-18-9069	1 - M 2 X F 7	6 YRS.	MONTHS DAYS	HOURS MIN.	Month, Den Gybar) 1	914	Mduntry)
	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DEATH	1	9c. COUNT	TY OF DEATH
5	Frederick Memori	al Hospital		Fr	ederick		Fr	ederick
)	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TV	40. 017	TOWN OR LOCAT	1011			10d. INSIDE CITY
		Frederick	100. 0177	Freder				LIMITS?
	10e. STREET AND NUMBER	Frederick			ZIP CODE		10a CITIZ	EN OF WHAT COUNTRY?
	5860 Genesis I	ane		100	21701			S.A.
	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yee		
	1 Never Married 2 Merried	FORCES? 1 YES	2 XNO	If yes, spe	city Cuben, Mexican, P. 2 TNO Specify:			14. RACE — American Indian, Black, White, etc.
5	3 🔀 Widowed 4 🗌 Divorced			1	a Lyaro opocny.			^{Spoo} White
3	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S I	JSUAL OCCUPATION	N at of working	16b. KIND OF BUS	INESS/INDU	ISTRY
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Illa. Do NOT use	retired.)	,			
1	/		operato	r		teleph		ompany
3	17. FATHER'S NAME (First, Middle, Last)	Harris Danie 1			18. MOTHER'S NAME			
8	19e. INFORMANT'S NAME (Type/Print)	Harry Eccard				lae Stott		
2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			nd Number or Rural Route			
	Linda L. Calla		b. PLACE OF DISPOS		14 E1, Que			21000
	20a, METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)	moval from State	HőIIÿ Hil					e, Md.
	21. BIGHARDINE OF FUNCTION SERVICES							
	LIBORA ()	LONNE			B. Thomp			
-	23. PART I. Enter the diseases, or	2 WAON	de de de de de		Main St.,			
		. List only one cause on		ot anter the mo	de of dying, such a	a cardiec or respi	reiory arre	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Pa	1 .		2 No.			Onset and Death
	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF	n of	Spora	ch		
,		Mot	- tate	no	s fora	no can	co. os	O fee
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	ica ces	a carre	ary.	Jung
5	cause. Enter UNDERLYING	c.						
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				
	reaulting in death) LAST	d						
3	PART II. Other aignificant condition	one contributing to death	but not resulting in	n the Underlying	cause given in Par	rt I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
5	Smaker				ulcer	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MIL D	in or	2 A	791	Figure		1 TES 2	E-NO	OF DEATH?
	-000 00	7				-		1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Check	only one)	•	
	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER: 4 Nursing Hom	e 5 Residence 6	Other (Specify)		
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)			URY AT 26	Id. DESCRIBE HOW I	NJURY OCC	URED
7 10	1 Accident 6 Pending Investigation				YES 2 NO			
200	3 Suicide 6 Could not b	26e. PLACE OF INJUR building, etc. (Sp	TY — At home, farm, a ecity)	treet, factory, offic	20	H. LOCATION (Street of City or Town, State)	and Number	or Rural Route Number,
	4 Homicide determined					M. M. Carrier		
2		SICIAN: To the best of my kno	wiedge, death occurre	d at the time, date	and place, and due to	the cause(e) and ma	nner as state	ed.
COMPLE	one) 2 MEDICAL EXAMI	NER: On the basie of examinati	ion and/or investigatio	n, in my opinion, d	leath occured at the tim	ne, date end place, er	nd due to the	e cause(e) end manner as stated.
	296. SIGNATURE AND TITLE OF GERTIF	IER ///	1-11		29c, LICENSE NUMBE	P	29d. DATE	SIGNED (Month, Day, Year)
0 0	Whi De	Stront	to h	and	D 351	83	•	3/29/91
-	30. NAME AND ADDRESS OF PERSON Y	MO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	att	1	-	
	H11).	HITOOKIC	04	300	wy.	St Free	der	ick MD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					

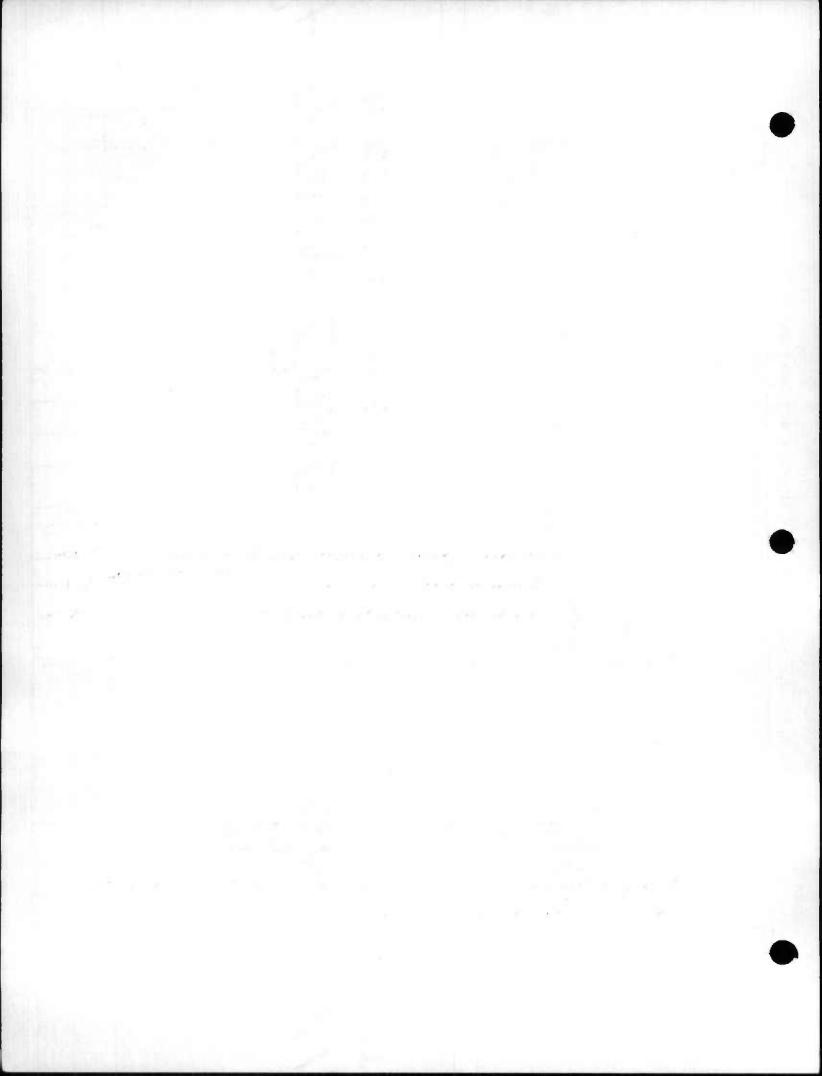


hed for use as the burial-transit permit. Pages 1, 2, 3 and after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

the ho	detac	ouce
à	20	ie i
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact has find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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9 96	rectt	Ĕ
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death	fune	ther traumatic event, the medical exami
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Sin	T rep	pe
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d with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 22 hours after death with the State Dent, of Health and Mental Hoolene order to burial, cremation, or removal.	even
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9b. CITY, TOWN OR LOCA Chevy Cha TY, TOWN OR LOCATION EVY Chase 10f. ZIP CO 2081	NOV TION OF DEATH SE DE 5 OF HISPANIC ORIGIN Dan, Mexican, Puerto R	Der Berth Day, Year) 1, 19	MOD:	New 'try of DEA	YOIK ATH ETY IOd. INSIDE CITY LIMITS?
Chevy Cha TY, TOWN OR LOCATION EVY Chase 101. ZIP CO 2081 13. WAS OFCENDENT If yes, specify Cu 1 YES 20 N	DE OF HISPANIC ORIGIN Den, Mexican, Puerto R		MOD:	tgome	TY IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Chevy Cha TY, TOWN OR LOCATION EVY Chase 101. ZIP CO 2081 13. WAS OFCENDENT If yes, specify Cu 1 YES 20 N	DE 5 OF HISPANIC ORIGIN		Mon*	tgome	ETY IOd. INSIDE CITY LIMITS?
107. ZIP CO 2081 13. WAS OFCENDENT If yes, specify Cu 1 YES 20 N	OF HISPANIC ORIGIN ben, Mexicon, Puerto R		1		LIMITS?
13. WAS DECEMBENT If yes, specify Cui	OF HISPANIC ORIGIN ben, Mexicon, Puerto R		1		YES 2 N
If yes, specify Cu 1 YES 2X N	ban, Mexican, Puerto R		Uni		States
USUAL OCCUPATION work done during most of wor	,	? (Specify Yes ilcan, etc.)	or No-	14. RACE - Black, Specify:	- American Indian White, etc. White
ife	king	KIND OF BU		USTRY	
	THER'S NAME (First, A				
Ar	nna	Wh	alen		
ADDRESS (Street and Numb	er or Rural Route Numb	er, City or Tow	n, State, Zip	Code)	
as #10					
Rapp Fur	neral Serv	ices,	P.A.		20910
STUDRONE	lying, such as card	lac or resp	Iratory arr	reat,	Approximat Interval Bet Onset and
OF):					SHOW
In the underlying cause	given in Part I.	PERFO	RMED?		WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
OTHER:					
WE OF 28c. INJURY AT WORK?	28d. DES		INJURY OC	CURED	
atreet, factory, office	28f. LOC. City	ATION (Street or Town, State)	and Number	or Rural Ro	ute Number,
					and manner as sta
	ADDRESS (Street and Number as #10 SITION (Name of cerretery, or Uburban Cremer 22. NAME AND ADDRESS Gist not enter the mode of description of enter the mode of description of enter the mode of description of enter the mode of description of enter the mode of description of enter the mode of description of enter the mode of description of enter the mode of description of the enter the mode of description of the enter the mode of description of the enter the mode of description of the enter t	ADDRESS (Street and Number or Rural Route Number as #10 SITION (Name of corretary, crematory or Uburban Crematory 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Serventer the mode of dying, such as card sometiment of the mode of dying, such as card so	Anna Wh ADDRESS (Street and Number or Rural Route Number, City or Tow as #10 SITION (Name of cometery, crematory or Juburban Crematory Sil 22. NAME ANO ADDRESS OF FACILITY Rapp Funeral Services, 933 Gist Ave, Silver S not enter the mode of dying, such as cardiac or resp The such as a cardiac or resp Th	Anna Whalen a Address (Street and Number or Fural Route Number, City or Town, State, Zip as #10 SITION (Name of correctory, cremetory or Jourban Crematory Silver Silver Silver Silver Silver Silver Silver Silver Silver Silver Silver Silver Spring not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring Not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring Not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring Not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring Not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring Not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Spring Not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver Silver Silver Silver Silver Silver Spring Not enter the mode of dying, such as cardiac or respiratory and Pi: Journal Silver	Anna Whalen A ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zip Code) as #10 SITION (Name of cometer), cremetory or Uburban Crematory Silver Spring 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD not enter the mode of dying, such as cardiac or respiratory arrest, P: Necessary P: Necessary P: 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25b. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5X Residence 6 Other (Specify) ME OF 1 YES 2 NO street, factory, office

32. REGISTRAR'S SIGNATURE
Julia Davidson



3. TIME OF DEATH

33

DHMH-16 Rev 1/89

1. DECEDENT'S NAME (Figure, Middle,

A SOCIAL SECURITY NUMBER

0

anci 5 SEY

6. AGE (In yrs. last birthday)

100

IF UNDER 1 YEAR

ROLAND

MONROE

IF UNDER 24 HRS.

8. BIRTHPLACE (St

REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH

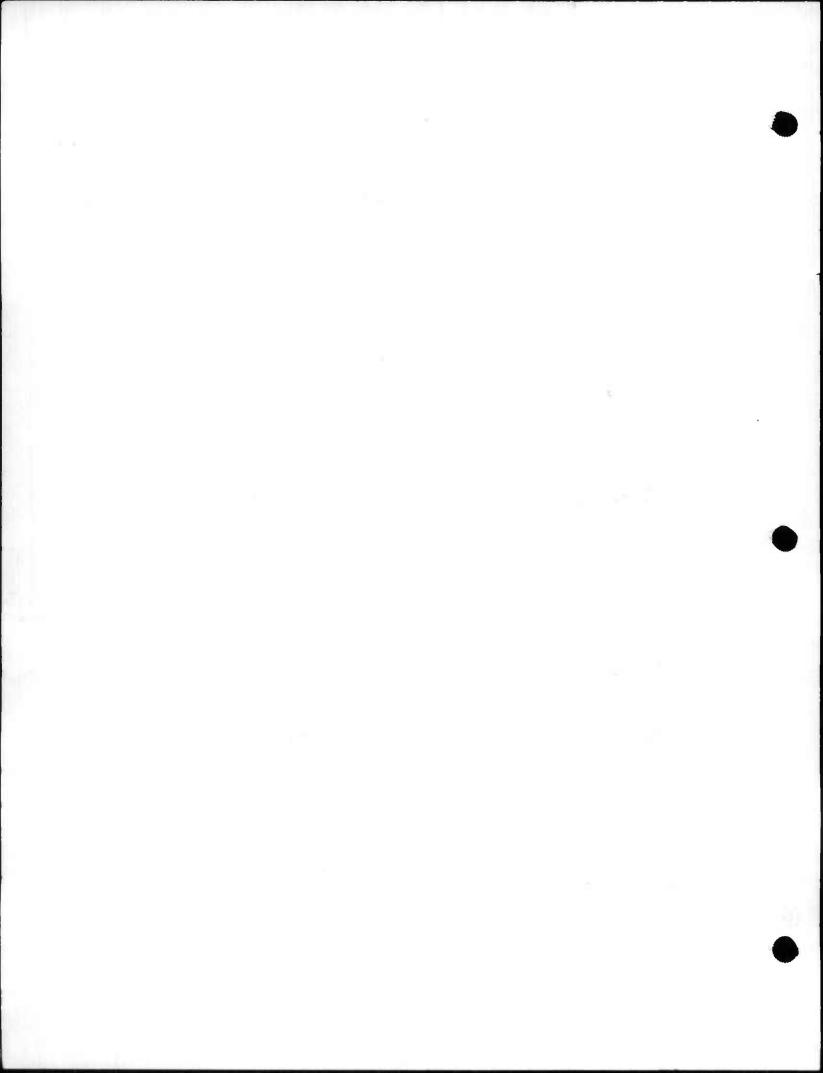
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death, Page 6 may be retained by the hospital or attending physician.
DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, however sher death with the State Bent oif Health and Mental Houlene prior to burial, cremation, or removal.

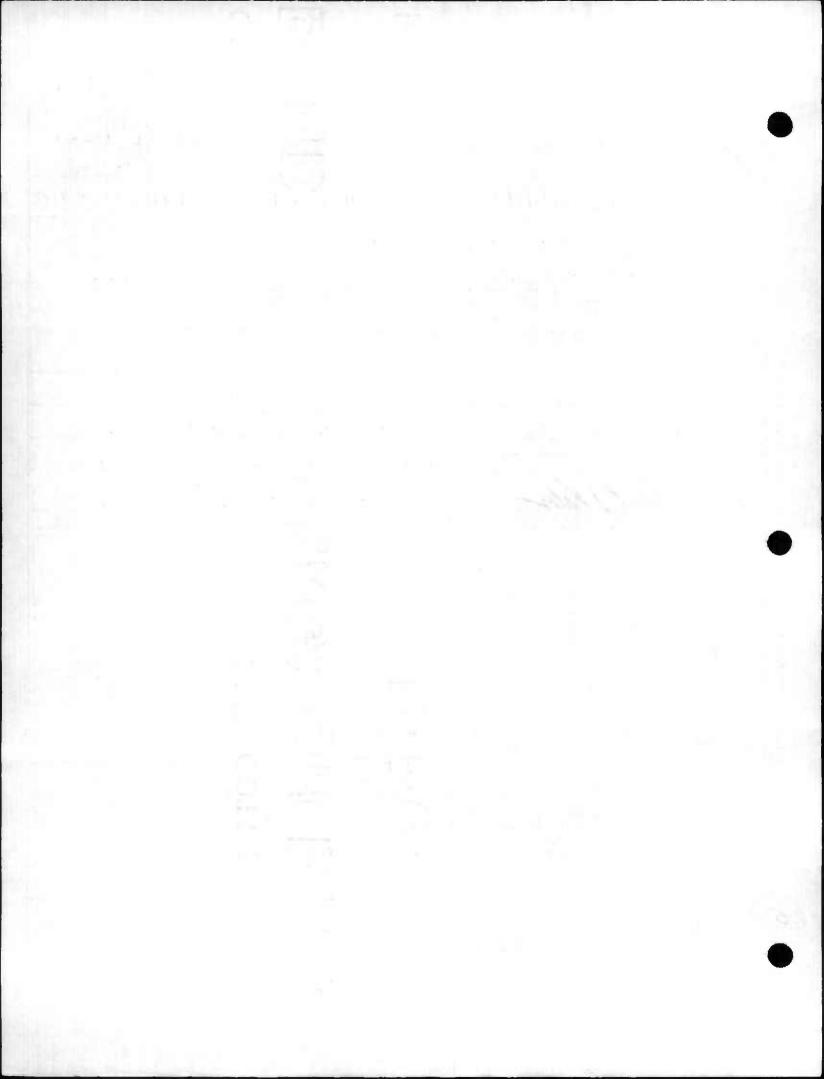
MONTHS DAYS HOURS MIN. 1 M 2 - F 54 YRS 578 46 5955 1937 Wash., D.C MARCH 11 9e. FACILITY NAME (If not institution, give atreet and number) 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR STATE ANATOMY BOARD 2,3 TEMPLE H ILLS PRINCE GEORGES RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY MARYLAND PRINCE GEORGES TEMPLE HILLS 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 4010 Caroll Court 20748 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 NO Specify BY 3 Widowed 4 X Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 D.C. GOVERNMENT 4 SCHOOL TEACHER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) notified at JOHN H. AMONROE BE MABEL E. JOHNSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 SANDRA MONROE 12501 Asbury Drive, Ft. Washington, Md. 20744 (DAUGHTER) be 20a. METHOD OF DISPOSITION

1 🖄 Burlel 2 □ Cremetion 3 □ Removal from St

4 □ Donation 5 □ Other (Specify) 3/22/91 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata must HARMONY MEMORIAL PARK LANDOVER. MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOME Me M859 2617 Pennsylvania Avenue, SE DC medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final rapetechypertensus arteri polivia audit Tosal the disease or condition resulting in daeth) injury, or other traumatic event, DUE TO (OR AS A COMMISSIOUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE four shows any 1 YES 2 NO OF GEATH? certificate has been significate begin the State Dept. of Healt 1 TES 2 NO PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OR ATTENDING PHYSICIAN: The I Item EXAMINER? HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 (Residence 8 (D Other (Specify) marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with this (INJURY 1 Natural 5 Pending 1 YES 2 NO After t BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 L DIRECTOR: A Phours after d I Item 28 is 8 8 Could not be 4 Homicide determined 回 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. TO THE HOSPITAL OF TO THE FUNERAL DI DE filed within 72 ho IMPORTANT: If its COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of ext tion end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end menner se stated 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFI LICENSE NUMBER BE 3 0 N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 301 NAME AND ADDRESS OF PERSO D. RidVIAMO 464810 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '91 MAR 2) Julia Davidson-Randalle



	363-26-9695		3 YRS.	CITY TOWN OR LOCA	TION OF DEATH	17–17	96 COUNTY	Michiga OF DEATH
DIRECTOR	DULLER OF DECEDENT	IVIH (1 HUS)	11tal 1)/ [Prir	160
	Maryland Pri	ince Georges		restville	205		Lan OFFICE	10d. INSIDI
FUNERAL	2021 Brooks Driv	ve Apt. 506		101. 219 CC	20747		log. Citizer	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 [X] YES IF YES, GIVE WAR OR DATE.	2 NO	13. WAS DECENDENT If you, specify Cu 1 TES 2 TO N	ben, Mexican, Puer		Yes or No — 14	Black, White, etc. Specify: Whit
TED	15. DECEDENT'S EDI (Specify only highest grad	le completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of wo	rking	16b. KIND OF B	BUSINESS/INDUS	
COMPLETE	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Sale	sman			Shoes	
	17. FATHER'S NAME (First, Middle, Last) Jim Messi	na		18. M	THER'S NAME (Fin			cnown
TO BE	19a. INFORMANT'S NAME (Type/Print)	LIIa	19b. MAILING ADO	DRESS (Street and Num				
	Jeanette R. Mes			ooks Dr.				
examiner must be	20g, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Res 4 Donation 5 Other (Specify)	movel from State of co	PLACE AND DATE OF emetary, crematory or o	ther place)	1		C1	
T I	21. SIGNATURE OF FUHERAL SERVICE L		surrectio	22. NAME AND ADD	RESS OF FACILITY			n. Maryl
жэш	· Mut 8kg	les-			P. Kalas			e L, Md. 2
medical	IMMEDIATE CAUSE (Final	. List only one cause on as	ch line.	antar tha moda of	dylng, such as o	cardiac or rea	apiratory arrea	
event, the medical	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PCV TO OR AS A	CONSEQUENCE OF):	ocaRD	dying, such as o	NEAR	epiratory arrea	t, Appr
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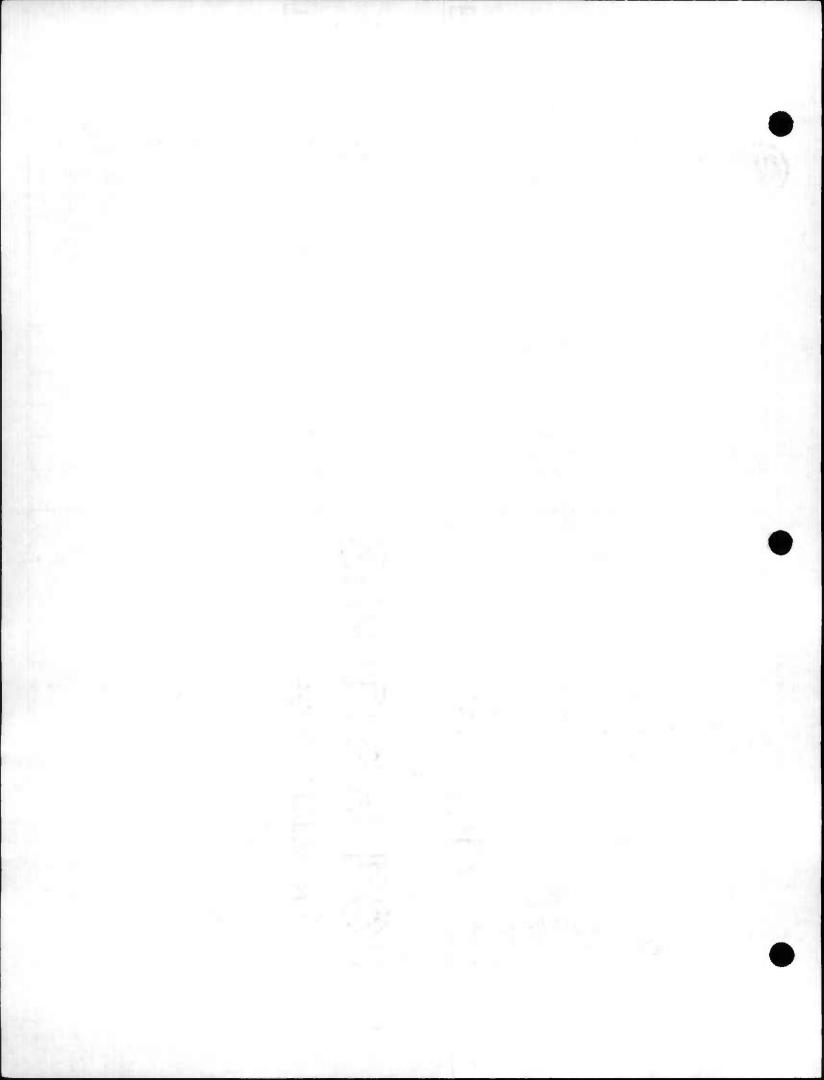


(4)		The state of the s)
BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, a strong the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DF VITAL RECORDS, P.O. BOX 68760,	YSICIAN: The law requires that the death certificate be executed with	is certificate has been signed by the attending physician and completely filled in by the fith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYLAND /	DEPART	MENT OF	HFAITH AN	D MENTAL HYGIEN	9	1 09795
	1 - STATE REGISTRAR			CATE OF		REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last)	ELIZABETH F. N	1cKEN	ZĮE		2. DATE OF DEATH	1 N	3. TIME OF DEATH
	Elizaheti	6 F. M	nck	enz	10	MONTH 3	19/91	115 P. M
	4. SOCIAL SECURITY NUMBER 6.	S. SEX 6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HR			BIRTHPLACE (State or Foreign
	246-07-0420	□ M 2 🖫 F 78	YRS.	MONTHS DAYS	HOURS MIR			ORTH CAROLINA
	9e, FACILITY NAME (If not institution, give street		_	9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY	
DIRECTOR	FOX CHASE NURSING	CENTER			ER SPRI			TGOMERY
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
E	MARYLAND MO	NTGOMERY		CTIVED	CDDTMC			LIMITS?
	10e. STREET AND NUMBER	NIGOMERI		SILVER	SPKING M. ZIP CODE		10n. CITIZEN	OF WHAT COUNTRY?
FUNERAL	. 253 7 7 9 9 9 5 3 0 5 1 5 1 7 1 7 1					•		
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ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NN IF YES, GIVE WAR OR DATES		If yee, s		SPANIC ORIGIN? (Specify Yexicen, Puerto Rican, etc.) oec//y:		RACE — American Indian, Black, White, atc. Specify: VHITE
B	15, DECEDENT'S EDUCAT			SUAL OCCUPAT		16b. KIND OF BU	ISINESS/INDUST	TRY
	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use	ork done during n retired.)	lost of working			
P	2	CLE	RK			FEDERAL	COVERN	MENT
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S	NAME (First, Middle, Maide		VIIIIVI
Ö	CALVIN FORESTER					BENTLEY		
BE	19e, INFORMANT'S NAME (Type/Print)	191	MAILING	ADDRESS /Street		ural Route Number, City or To	era Stata Zio Co	de)
2								
	200, METHOD OF DISPOSITION			GRANT A		SILVER SPRI		
	1 Denova			or other place) CEMETER		1	OCATION — City	
	4 Donetton 5 Other (Specify)		AWN	_	Y AND ADDRESS OF		KVILLE,	MARYLAND
	21. SIGNATURE OF FORERAL SERVICE LICEN	/ /				OLLINS FUNE	RAI. HOM	E INC
	Koteett 1/4	aclase						PR.,MD. 20901
	23. PART I. Enter the diseases, or con	nplications that caused the de	ath. Do no	ot enter tha m	ode of dying,	such as cardiec or real	piratory srrest	, Approximate
	shock, or heart fallure. Lis	st only one cause on each line						Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	massive	2 (1/ D				A D D
	resulting in death) a				,			29 Kru
		DUE TO (OR AS A CONSEC	JUENCE OF)	j:				
N	Sequentially list conditions.							
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2	CAUSE (Disease or Injury	2115 70 107 10 1 201105						
H	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF)):				
EH	d							
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Ö	1 Luci to	O O P D		00-1	12.00	1 D YES	2 NO	OF DEATH?
×	Typerunsion,	Civi Five	Jules	veres	Mess	vuz)		1 YES 2 NO
Z	C, H, F.							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH	(Check only one)		
Si		☐ Inpatient 2 ☐ ER/Outpatient 3		OTHER: 4 (K Nursing Ho	me 5 🗆 Reside	nce 6 🗆 Other (Specify)		
Ĭ	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. II	JURY AT	26d. DEŞCRIBE HOW	INJURY OCCUR	ED
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	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho	me, farm, st	treet, factory, of	Ice	281, LOCATION (Stree	and Number or	Rural Route Number,
Ē	4 Homicide determined	building, atc. (Specify)				City or Town, Stat	9)	
M	29e. CERTIFIER	All. To the heat of much state of	ath and	d and after the		20.7	i i poglazilija.	
MP	(Check only	AN: To the best of my knowledge, de On the beele of examination and/or						augusta) and manner on state 4
COMPLETED		The Desir Of Examination and/of	veatigatiof	, it my opinion				
BE (296. SIGNATURE AND TITLE OF CERTIFIER	0. 00	. (2	29c. LICENSE		29d. DATE S	IGNED (Month, Day, Year)
TO B	Tussell B.	umold	mi	X,	D-	-00/61		3129/91
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE OF DEATH (ITE	M 273 (See	Deint		- 1		2001

32 REGISTRAR'S SIGNATURE
Fulia David Pandoll

DHMH-16 Rev 1/89



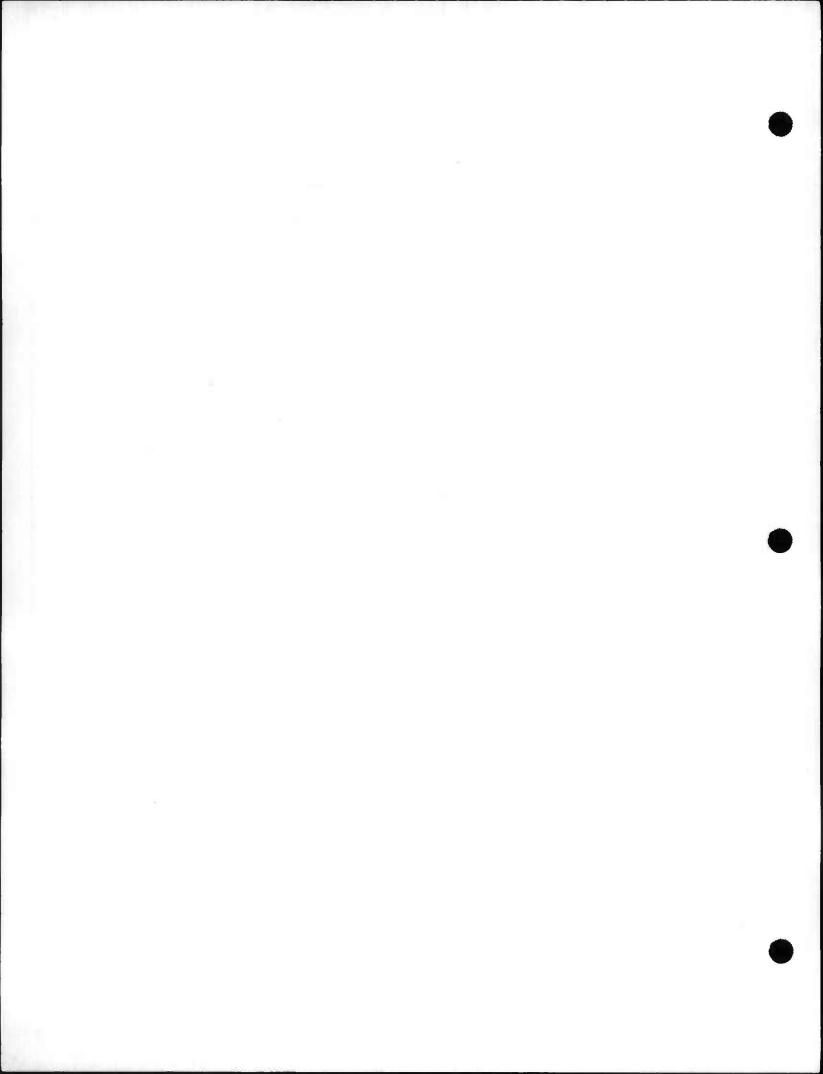
TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO No.						1 YES	2 NO			
## HOSPITAL: YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)								1 TYES 2 NO		
## HOSPITAL: YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)	l									
1 YES 2 NO 1 Inpatient 2 ER/Outpettent 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Morth, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO North Number or Rural Route Number, State) 28b. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28b. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF Town, State) 28c. EXTINCT OF TOWN, Sta		HOSBITAL	1		LACE OF OEATN (C	heck only one)				
1 Netural 2 Accident 3 Suicide 6 Could not be determined 20 Accident 1 CERTIFFIER (Check only orm) 1 Orm) 20 CERTIFFIER (Check only orm) 1 Orm) 20 CERTIFFIER (Check only orm) 20 CERTIFFI					ne 5 🗆 Residence	8 Other (Specify)				
1 Natural 5 Pending Investigation Suicide 6 Could not be determined Suicide 6 Could not be determined Suicide 8 Correct only one) Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, Year) 3/26/9/ 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S, SIGNATURE 32. REGISTRAR'S, SIGNATURE 32. REGISTRAR'S, SIGNATURE 32. REGISTRAR'S, SIGNATURE 32. REGISTRAR'S, SIGNATURE 32. REGISTRAR'S, SIGNATURE 32. REGISTRAR'S, SIGNATURE 32. REGISTRAR'S, SIGNATURE 33. REGISTRAR'S, SIGNATURE 34. REGISTRAR'S, SIGNA	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME (OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	iD .		
3 Suicide 4 Homicide 5 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		(monn, pay, roary								
29a. CERTIFIER (Check only one) Description and one of the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Description one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, Year) 3/26/9/ 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2 Distriction	28s. PLACE OF INJURY	Y — At home, farm, str	et, factory, offic	in.			ural Route Number,		
(Check only 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE	_ COULD HOT BE	building, atc. (Spe	cny)			City or lown, State	,			
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and due to the cause(a) and manner on stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE		ICIAN: To the heat of my lines	vlades death secure	et the time also	and place and do	to the cauca/a) and	nner ee stated			
30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE	Crieck Only	Garage and a	- ALCOHOLIN			Contract of the second		use(a) end manner en stated.		
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	296, SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE BIC	SNED (Month, Day, Year)		
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	1 asque	1 evenio	MD		D124	38	1 3/2	6191		
	30. NAME AND ADDRESS OF PERSON WE	IO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)						
the service of the se	31. DATE FILED (Month, Day, Year) APR 3 - 291			2.						

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND 21203-3146	leath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit perm
	SINCH	filled in
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mous after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitten. Or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-medus after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE	OF DEA	TH	REG. I	Ю.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN	
	Paul Louis	Emile	Marie				3 8		91	1034 A "	
İ	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
ł	None	15€2kM 2 □ F	88 YRS.	MONTHS E	DAYS HOURS	MIN.	Jan. 5,			ance	
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	OWN OR LOCA	TION OF D	<u> </u>		UNTY OF D		
۳	Shady Grove Adve	ontiet Moeni	+-1	Dog	kville			M.	ant ac	morri	
K I	RESIDENCE OF DECEDENT	encist nospi	Lai	ROC	KATTTE			M	Montgomery		
DIRECTOR	10a. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?	
ā	Maryland Mont	gomery	R	ockvi.	lle					1 X YES 2 NO	
4	10s. STREET AND NUMBER				10f. ZIP CO	DE		10g. Cl	TIZEN OF V	WHAT COUNTRY?	
	1511 Auburn Avenu	ie			208	50		F.	rance		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No								14. RACI	E — American Indian.	
	1 Never Married 2 Married	forces? 1 Yes 2 NO II yes, specify Cuban, Maxican, Puerto Rican, etc.)								k, White, etc.	
B	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES: 1 YES 2 NO Specify: Specify:								White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		18a. DECEDENT'S	USUAL OCC	UPATION ring most of wor	klaa	16b. KIND OF	BUSINESS/IN	IDUSTRY		
ij	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ring most or wor.	ung					
	12	5+	Eng	ineer			Ele	ctrica	al		
5	17. FATNER'S NAME (First, Middle, Lest)				18. MC	TNER'S NA	ME (First, Middle, Mai	len Surname)			
	Auguste Victor	Marie			De	esire	ee Euge	nie	Mari	е	
20	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Numb	er or Rural	Route Number, City or				
2	Vincent Paul Mari	e	1511	Auburi	n Aven	10 1	Rockville	Mars	rl and	20050	
	20a. METNOD OF DISPOSITION 1 □ Burial 2 ♣ Cremation 3 □ Ran		20b. PLACE OF DISPO					LOCATION -			
	1 Burial 2 Cremation 3 Ran	noval from Stata	other place) Montgomer							The state of the s	
- 1	21. SIGNATURE OF FUNERAL SERVICE LI		Honegomer		AME AND ADDE			etnesc	la, M	aryland	
	· Mile T		M00877					neral	Home	/Rockville e	
	23. PART I. Enter the dieeeees, or									Approximate	
	shock, or heert fellure.	Liet only one ceuse or	eech iine.					,	,	interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition	Carl	95	7	Lack						
ļ	resulting in death)	· Caral	S A CONSEQUENCE O	3	LOCK					NOURS	
		, ISCHER		- m +	1	C - 2	40			1 - 000	
5	Sequentially list conditions,	Dr.	S A CONSEQUENCE O	<u> </u>	<u> </u>	150	7 C			YZAUS	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	(40 - 10		ملمة	1-	2	27071			140-0	
2	CAUSE (Disease or Injury	c. DUE TO (OR A	S A CONSEQUENCE O	DUCT (77	OU.	25675			Aran	
	that initiated events resulting in death) LAST	(9		U						
į		d									
	PART II. Other significent condition	na contributing to deet	h but not resulting	in the und	lerlying cause	given ir		AN AUTOPS	Y 24	. WERE AUTOPSY FINDINGS	
EDICAL.	Renal insuffic	Liency						FORMED?		AWAILABLE PRIOR TO COMPLETION DF CAUSE	
								X		OF DEATH?	
										1 TYES THE NO	
٤	25. WAS CASE REFERRED TO MEDICAL	T			26. PLACE OF	DEATH //	beck agh and	****			
PHYSICIAN	EXAMINER?	HOSPITAL:	Name of Control	OTHER:	:						
2	1 YES 2 NO	1	Outpatient 3 DOA			Rasidence	5 Other (Specify)		COLIBED		
	1 Natural 8 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY 26b. TIN	JURY	28c. INJURY AT WORK?		280. DESCRIBE NO	W INJURY C	CCUHED		
5	2 Accident Investigation				1 YES 2	□ NO	<u> </u>				
	3 Suicide 6 Could not be	28a. PLACE OF INJI building, atc. (3	JRY — A1 home, ferm, Specify)	street, factor	ry, offica		261. LOCATION (Sh City or Town, S		ber or Rural	Route Number,	
	4 Nomices Getainined										
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my ki	nowledge, death occur	red at the tim	ne, data end pla	ca, end du	e to the cause(a) end	manner ae s	tated.		
5	one) 2 MEDICAL EXAMIN	IER: On the beels of examin	ation and/or investigati	on, in my opi	inion, dazth oc	cured at th	e time, date and place	, and due to	the cause	(a) and manner as stated.	
	SO. SIGNATURE AND TITLE OF CERTIFI	ER C			29c, L	ICENSE NU	JMBER	29d. D	ATE SIGNE	D (Month, Day, Year)	
H	7 (1)	0			1	12	188	•	2/10/	5	
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF		a. Print)	17)	OLT.	000) byt (-11	
					_		4				
	Eric S. Tannenba	um, 10401 O.	La George	cown F	Road, E	ethe	sda. Mary	land	208	1.4	
	ΔPR 2 - 'Q1		dron Pandell	2.							
- 1	AFR / = YI	7000000	MY YOUR AND A COMPANY	_							

rs after death. Page 6 may be retained by the hospital or	by the funeral director, page 5 should be detached for us	removal.	dical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF STATE

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	FOR	CTATE OF A	ADVI AND /	DEDAG	T	05 11541	T11 AND			0.0	0	9798	
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /		ICATE			MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	LEON H.	MOUNT		un	OI DE	AIII	2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	hirthdayl	IF UNDER 1 Y	VEAR SE 18	NDER 24 HRS	_	OF BIRTH	7	BIRTHPI A	CE (State or Foreign	
	579-28-0344	1 ☑ M 2 ☐ F	79	YRS.		DAYS HOU	- Y	(Monti	th, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give a	11	79		OF CITY TO	TY, TOWN OR LOCATION OF DEA						ALABAMA	
œ													
6	HOLY CROSS HOSPI	TAL			SIL	VER SI	PRING			MONT	EGOME	RY	
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN DR	LOCATION					100	I. INSIDE CITY LIMITS?	
	MARYLAND MONTG	OMERY		SI	LVER S	SPRING	3				1 [YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			100		101. ZIP	CODE			10g. CITIZE	N OF WHAT	COUNTRY?	
E	11235 OAK LEAF DR	IVE #817					20901			USA	4		
5	11. MARITAL STATUS		T EVER IN U.S. ARN		13. WA	S DECENDE	NT OF HIS	PANIC ORIGIN	N? (Specify Yes			American Indian, hita, atc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			1 [YES 2	NO Spe	icity:	ryrean, etc.)		Specify:		
		<u> </u>										ITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Gh	re kind of	Work done dur work done dur		vorking	166	. KIND OF BUS	BINESS/INDUS	STRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)		,								
M	17. FATHER'S NAME (First, Middle, Last)		IDESK	CL.	ERK AL				OTEL TI Middle, Maiden		RY.		
		· · ·								Surname)			
BE	GEORGE ALLEN MOU!	N.I.	106	MARIN	ADDRESS (HA E.	VAN ber, City or Town	n Ctata Tin C	la da l		
임	VIRGINIA L. MOUN'	D /227										2222	
	20a, METHOD OF DISPOSITION	I (WI			EDF DISPOS			#817	STLVE	R_SPRT CATION — CH			
	1 Burial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	noval from State	of cemetary,	cremator	y or other place	ce) (MAG	NOLIA	1)					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- LANDALU	ISTA		ME AND AD	DRESS OF	FACILITY	IANDA	LUSTA	ALA	ABAMA	
	- on 1 0.	7 63			FRA	NCIS	J. CO	OLLINS	LLINS FUNERAL HOME, INC. Y BLVD., W. SIL.SPR., MD. 20901				
	Museu	d. L	enter										
	23. PART i. Enter the diseases, or shock, or heart failure.				not enter th	he mode o	f dying, s	uch aa can	diac or reapi	ratory arres	st,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final		0 -		4			١.				Onset and Death	
	disease or condition resulting in death)	·	KOSB	120	101	7	70	2,16	ne,				
		DUE TO	ROSE (OR AS A CONSEO CASE I F	UENCE C	OF):	1	2	9	. 0				
S	Sequentielly list conditions,	b. DUE TO	(OR AS A CONSEQ	O- CT	000	(2,	7	CO CO	,			
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	302 10	TON NO R CONCLE	DENOE C	, _j .								
윤	CAUSE (Disease or Injury that initieted events	C. DUE TO	(OR AS A CONSEQ	UENCE C)F):								
E	reaulting in deeth) LAST	3											
핑		d											
AL	PART II. Other algnificent condition		deeth but not re	esulting	In the und	erlying cau	use given	in Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO	
PHYSICIAN: MEDICAL	Polionye	6.768							1 - YES 2	ON 🗆		MPLETION OF CAUSE DEATH?	
M											1 (YES 2 NO	
ä													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		OF DEATH	(Check only o	ine)				
YSI	YES 2 ND	1 Inpetient 2	☐ ER/Outpatient 3		4 🗆 Nursir	ng Home 5		ce 6 🗆 Oth					
H	27. MANNER OF DEATH 1 Negural 5 Pending	28a. DATE OF (Month, L		28b. TII	LURY	WORK?	-/	28d. DE	SCRIBE HOW I	NJURY OCCU	IRED	1 0-	
BY	2 Accident Investigation	3 -	21-91	5	36 M	1 TYES	2 NO	an	7		/ 634	3: 5	
0	3 Suicide 8 Could not be 4 Homicide determined		F INJURY — At hor atc. (Specify)			ry, office			CATION (Street of or Town, State)			1 2	
E			410		-		_	11)	231	00	-K- (e	JA FEDS	
APL	(Orioth Urily	SICIAN: To the best of											
COMPLETE	2 MEDICAL EXAMIN	ER: On the beals of s	xamination and/or i	rivestigati	ion, in my opi	Inlon, death	occured at	the time, dat	a and place, ar	nd due to the	cause(s) ar	nd manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R				290	LICENSE			29d. DATE	SIGNED (M	onth, Day, Year)	
TO B	00/2	refera	s mail			+	300	३ ५ ५	6	13	-5:	5-41	
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH JITES	M 27) (%n	e Print)							· Vari	

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32. PEGISTRAB'S SIGNATURE
Funa Davidson Pandell

WISONSN

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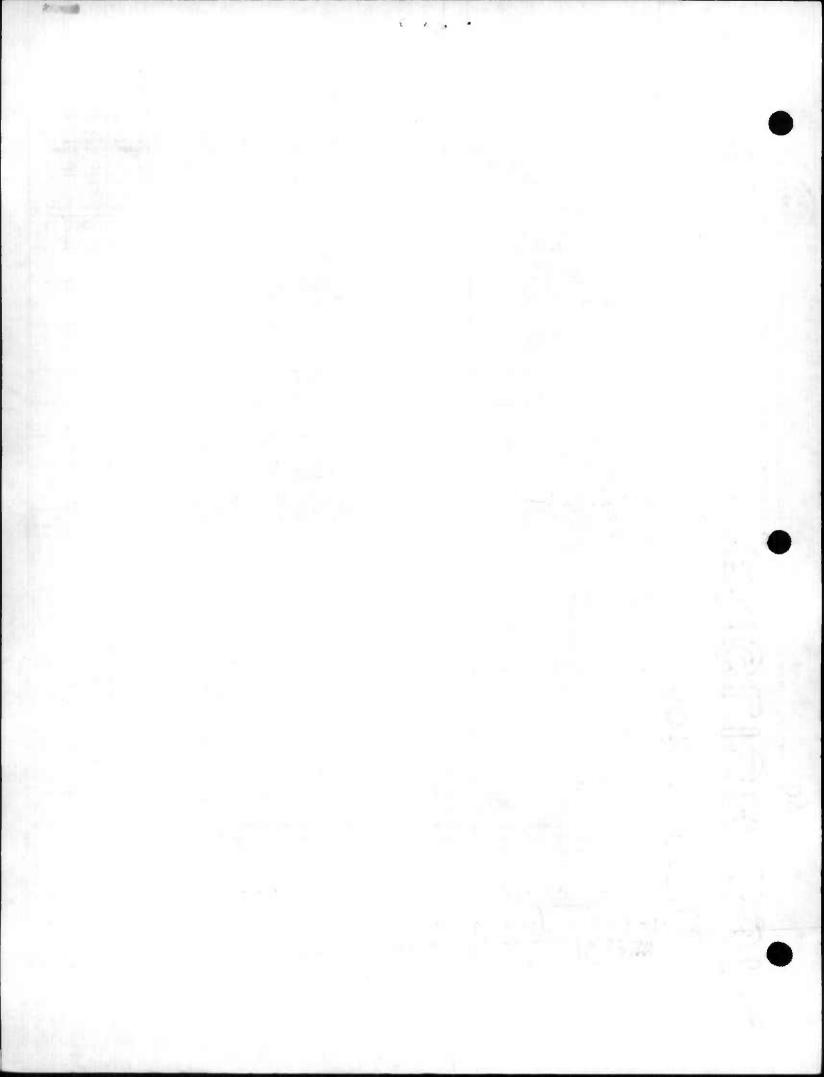
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
n	ECEDENT'S NAME (First Middle Lest)	2 DATE O	E DEATH

REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) Sandra Kay	Willi	ams -	McShe	a	2. DATE OF D MONTH	DAY	YEAR	L1:23 A		
4. SOCIAL SECURITY NUMBER 297-36-7979	5. SEX 6. A	GE (In yrs. lest birthdey) 49 YRS.	IF UNDER 1 YEAR		7. DATE OF BI (Month, Day, 01-28-	Year)	6. BIRTHPL Country)	on, Ohio		
9a. FACILITY NAME (If not institution, give Shady Grove Adve		tal		N OR LOCATION OF D	1	9c. COU	mery			
RESIDENCE OF DECEDENT 10a. STATE Maryland Monto	y gamery		y, town on Lo				od. INSIDE CITY LIMITS? YES 25 NO			
100. STREET AND NUMBER 19200 Dunbridge	Way			101. ZIP CODE 20879		10g. CIT	AT COUNTRY?			
11. MARITAL STATUS 1 Never Married 3/1X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	rES 2 XNO	if yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	an, Puerto Rican,			- American Indian, White, etc.		
15. OECEDENT'S EOI (Specify only highest grad	e completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPI work done during ise retired.)	ATION most of working	16b. KINI	OF BUSINESS/IN	DUSTRY	1		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Home M				n Home				
17. FATHER'S NAME (First, Middle, Last) Howard M. Willis	ams			The second second	ame (First, Middle ne Henr	, Maiden Surname)				
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stre	et and Number or Rura			ip Code)			
William J McShea		same	as #10							
20a METHOD OF DISPOSITION Burial 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DAT of cemetary, cremator, Gate of H	y or other place)		/27/91	Silver S				
21. SIGNATURE OF FUNERAL SERVICE	CENSEE	M00896	22. NAME	AND ADDRESS OF F	ACILITY	DeVol Fu	uneral	Home		
disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent condition	d	eth but not resulting	In the underl	ying cause given i		WAS AN AUTOPSY PERFORMED? PES 2 NO		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH (C	check only one)					
1 Yes 2 NO 27. MANNER OF DEATH 1 Netural Supposed Panding	1 Inpatient 2 ER	URY 28b. Til	ME OF 28c.	INJURY AT WORK?	-	ecify) BE HOW INJURY O	CCURED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)				N (Street and Numb wn, State)	er or Rural Ro	oute Number,		
CONSTRUCTION OF THE PARTY OF TH	SICIAN: To the best of my							and menner as stated		
29b. SQNATURE AND TITLE OF CERTIFI	eyfrell			29c. LICENSE N		29d. DA		Month, Day, Year) 5–1991		
MARYDMOD	1. WOR		Penn St	reet Balt	imore, M	Maryland	21201	L		
MAR 2.9 91	Julia Dai	SIGNATURE	2							





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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

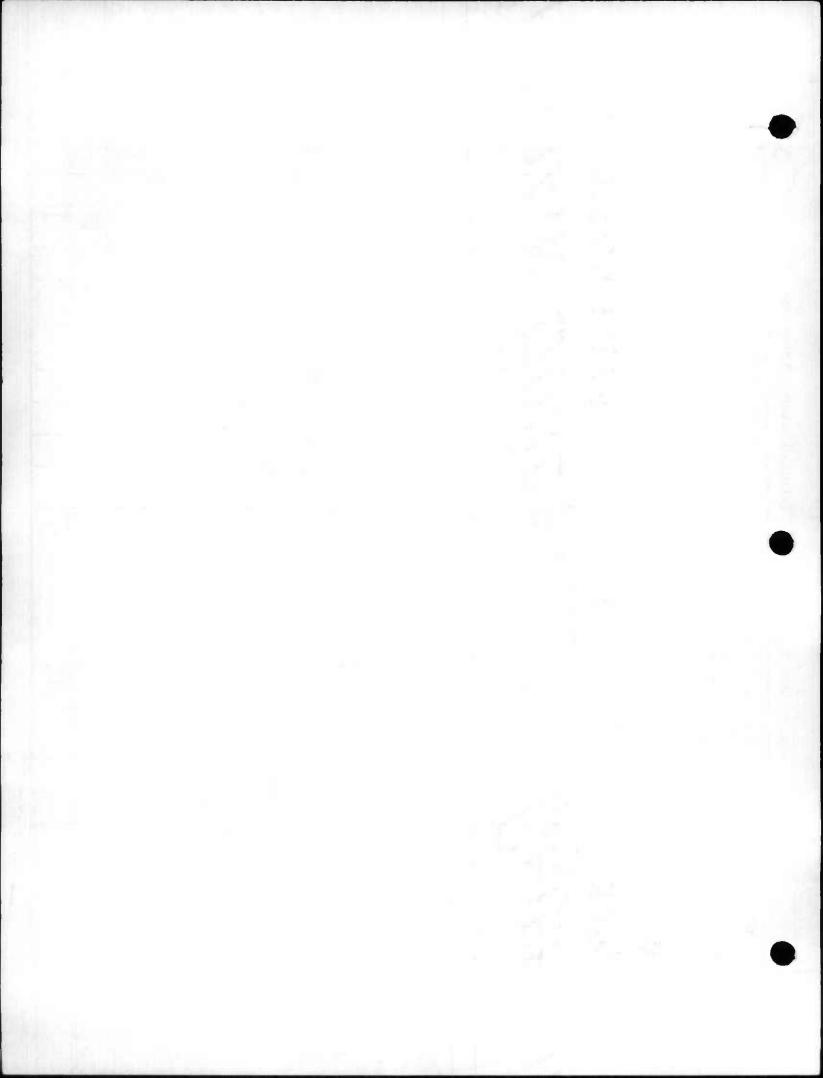
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First					TY st.				2. DATE C	OF DEATH	W 1.0	YEAR	3. TIME OF DEATH	
EMILY	RUT				MOORE						5, 19		3:40 A M	
4. SOCIAL SECURITY NUMBER 241-12-396		5. SEX 1 M 2 X F	6. AGE (In)	yra. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE O (Month, Feb	E BIRTH Day, Year) . 13,	1922	Count	HPLACE (State or Foreign ny) NC	
9a. FACILITY NAME (If not in	netitution, give	street and number)			9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						DEATH		
7835 Hampd	en La	ne			Bethesda Mont						ntg	omery		
10a. STATE	10b. COUNT	TY		10c. CI	TY, TOWN D	R LOCA	ATION			10d. INSIDE C				
MD	Mon	tgomery		В	ethes	da							LIMITS? 1 VES 2 NO	
10e. STREET AND NUMBER						10	of. ZIP COD	Ε		-	10g. CIT	IZEN OF	WHAT COUNTRY?	
7835 Hampd	len Lai	ne					208	314			υ.	S.A.		
11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Dive		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 ND	1	f yes, s	CENDENT (pecify Cube S 2 (2) ND	m, Mexica	in, Puerto Ri	(Specify Yealcan, etc.)	or No—	14. RAC Blac Spec	E American Indian, kk, White, etc.	
	EDENT'S EDU		1	6a. DECEDENT'	S USUAL O	CUPAT	IDN	ing.	16b.	KIND OF BUS	BINESS/INC	DUSTRY		
Elementary/Secondary (College (1-4 or 5	+)	Procu	use retired.)				t 1	US Nav	ıv De	ent.		
17. FATHER'S NAME (First, A	ficidle, Lest)						-			iddle, Melden		F		
Jennings B	. Bern	ry					Ru	ith M	Mills					
William Ho		ore								a. MD				
20s. METHOD OF DISPOSIT	-	ore .	20h E	PLACE OF DISP							208			
1 Donation 5 Other	on 3 🗆 Ren r (Specify)	novel from State	Mť	ther place) Comf	ort C	rem	atory	7			exand			
21. SIGNATURE OF FUNERA	A SERVICE LI	ICENSEE	^				ND ADDRE							
mic	has	131	hul	Lon						ONS,			7. 20016	
disease or condition resulting in desth) Sequentially list condition if eny, leading to immercause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	tions, diete ing	b. CHRONI DUE TO	C OB O (DR AS A C	ONSEQUENCE	OF): LVE DF):	LUN	G DI	SEAS	SE					
PART II. Other aignifica	ant conditio	ATHERO			in the ur	deriyi	ng cause	given in	Part i.	24a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED 1	TO MEDICAL		-			26. 1	PLACE OF I	DEATH (C/	heck only one	»)		_		
EXAMINER?		HOSPITAL:	☐ ER/Outpet	lent 3 DOA	OTHER		me 5 🗆 R	asidence	6 Other	(Specify)				
	Pending Investigation		F INJURY Day, Year)		ME OF NJURY M	28c. If	JURY AT YORK? YES 2 [CRIBE HOW I	NJURY OC	CURED		
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE	OF INJURY -	At home, farm	, street, faci	tory, off	lce		281. LOCA City o	TION (Street or Town, State)	and Numbe	or Aural	Route Number,	
anal		SICIAN: To the best of											(s) and manner as stated.	
296. SIGNATURE AND TITLE	E OF CERTIFIE	estifo	w				-	ENSE NU	MBER		29d, DA		D (Month, Day, Year)	
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEAT	TH (ITEM 27) (Ty)	De, Print)									
MARY D. RI				NEW ME	XICO	AVE	E NW	WAS	H., D	.C.	2001	6		
MAR 29	*Q1		AR'S SIGNAT	Prinde M										

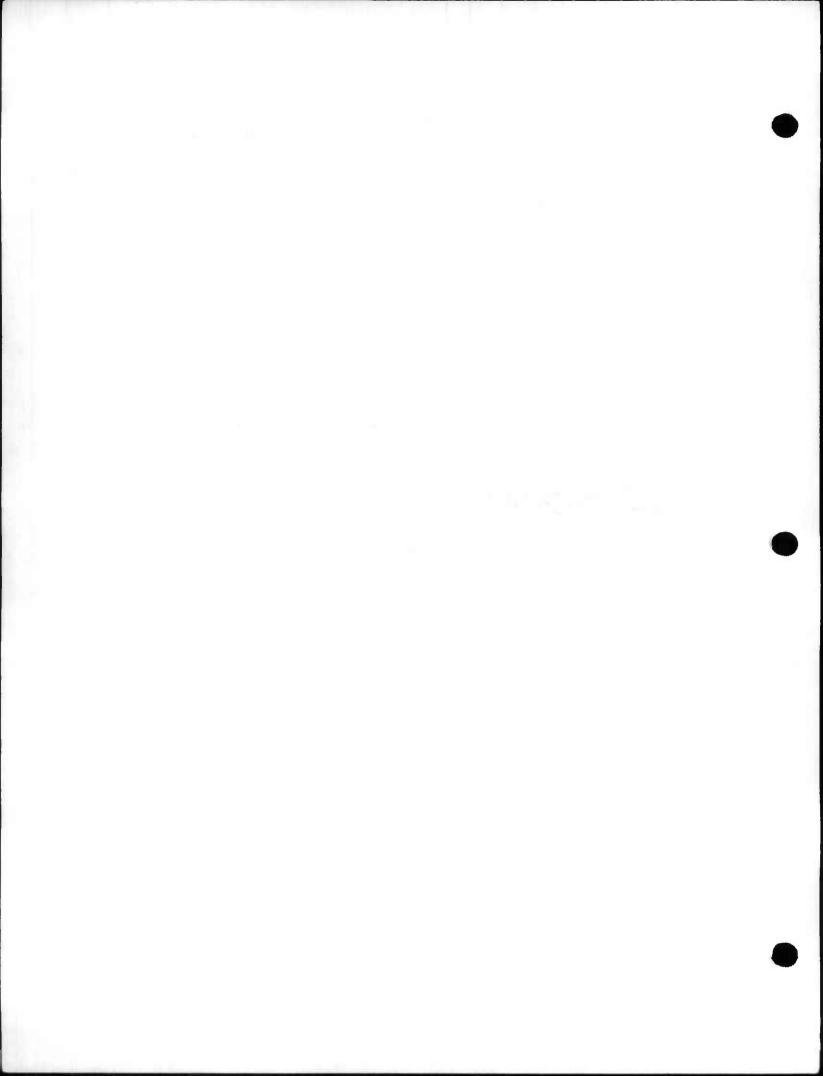


6, BALTIMORE, MARYLAND 21203-3146	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral.	MPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

			MENT OF H		MENIAL	REG. NO.		100			
1. DECEDENT'S NAME (First, Middle, Last,	0				2. DATE O	F DEATH DAY	YEAR	3. TIME OF OEATH			
John L. Neils	son				03	24	91	8 · 35 .a			
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OI (Month,	F BIRTH Day, Year)	8. BIRT	HPLACE (State or Foreign try)			
219 14 5191	1 DM 2 DF	68 YRS.			08	13 22		Md.			
9a. FACILITY NAME (If not institution, give street and number) Prostburg Community Hospital Frostburg, Md Allegar											
10a. STATE 10b. COUN			TOWN OR LOCAT					10d. INSIDE CITY			
Md.	Allegany		Frost	burg				LIMITS?			
10e. STREET AND NUMBER			101	ZIP CODE		10g	CITIZEN OF	WHAT COUNTRY?			
297 Welsh H	ill			21532			U.S	5.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 M YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxics 2. NO Specif	n, Puerto Ric			CE — American Indian, ck, While, stc. city: White			
15. DECEDENT'S ED (Specify only highest grad	DUCATION	16a. OECEDENT'S U	SUAL OCCUPATION	ON	16b. I	UND OF BUSINES	S/INDUSTRY	1111111			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	,				0 34 5				
12		Asst.	Super	visor	S	tate o	I Md.				
17. FATHER'S NAME (First, Middle, Last)						ddle, Melden Surna	me)				
Thomas John	n Neilson					• Rae					
19a. INFORMANT'S NAME (Type/Print)	. 37			nd Number or Rurel				21520			
Bernice M. Ne					FFO			21532			
20s. METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Re-	moval from State	other place)			le wie	20c. LOCATIO					
4 Donation 5 Other (Specify)	LICENSEE	Frostbu				FFOS	Frostburg, Md.				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Durst Funeral Home, Fros							Fros	tburg, Mo			
		A CONSEQUENCE OF)	. 4 .								
Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cen DUE TO (OR AS	A CONSEQUENCE OF:									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	A CONSEQUENCE OF		g ceuse given in		24e. WAS AN AUTO PERFORMED 1 YES 2 N	7	AVAILABLE PRIOR TO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF	the underlying			PERFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the cause of the	DUE TO (OR AS OUE TO (OR AS d. One contributing to death	A CONSEQUENCE OF:	the underlying	ACE OF DEATH (C)	heck only one;	PERFORMED	7	COMPLETION OF CAUS OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the conditions of the conditions of the cause of the c	b	but not resulting in	26. PI OTHER: 4 \(\text{Nursing Hom} \)	ACE OF DEATH (C)	heck only one;	PERFORMED	10	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	b	but not resulting in	26. PI OTHER: 4 Nursing Horr OF 28c. INI, RY WC	ACE OF DEATH (C)	heck only one;	PERFORMED 1 YES 2 N (Specify)	10	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	DUE TO (OR AS c. OUE TO (OR AS d. One contributing to death HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year) 1 28a. PLACE OF INJURY building, etc. (So	but not resulting in	26. PI OTHER: 4 Nursing Hom OF 286. INI WC M 1 WC	ACE OF DEATH (C) to 5 Reeldence URY AT RK7 YES 2 NO	6 Other 28d. DESC	PERFORMED 1 YES 2 N (Specify)	Y OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS c. OUE TO (OR AS d. One contributing to death HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year) 1 28a. PLACE OF INJURY building, etc. (So	but not resulting in tripatient 3 DOA 28b. TIME INJU	26. PI OTHER: 4 Nursing Hom OF 28c. INI M 1 WC 1 Treet, factory, office	ACE OF DEATH (CI	beck only one 5 Other 28d. DESC 28f. LOCAL City or	PERFORMED 1 YES 2 N (Specify) RIBE HOW INJUR FION (Street and Ni Town, State)	Y OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS c. OUE TO (OR AS d. ONE TO (OR AS d. ONE TO (OR AS d. ONE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS DUE TO (OR AS OUE TO (OR AS DUE TO (OR AS OUE TO (O	but not resulting in tripatient 3 DOA 28b. TIME INJU	26. PI OTHER: 4 Nursing Hom OF 28c. INI M 1 WC 1 Treet, factory, office	ACE OF DEATH (CI	28d. DESC	PERFORMED 1 YES 2 N (Specify) RIBE HOW INJUR FION (Street and M Town, State) e(s) and manner a	Y OCCURED umber or Rura as stated,	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cond	DUE TO (OR AS c. OUE TO (OR AS d. One contributing to death HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp YSICIAN: To the best of my kno NER: On the basia of examinate TER	but not resulting in statement 3 DOA 28b. TIME INJURY — At home, farm, sheetily)	28. Pi OTHER: 4 Nursing Hom OF 28c. INJ RY M 1 reet, factory, offic	ACE OF DEATH (C) to 5 Residence URY AT RK? YES 2 NO e and place, and du leath occured at the	28d. DESC 28f. LOCAl City or	PERFORMED 1 YES 2 N (Specify) RIBE HOW INJUR FION (Street and M Town, State) e(s) and manner a	y OCCURED umber or Rura as stated. a to the cause	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO I Route Number,			

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			FOR STATE REGISTRAR	STATE OF MA					EALTH DEAT			GIENE G. NO.		,		free
			1. DECEOENT'S NAME (First, Middle, Last)		TH VIRGI ムル	ENIA	NORR	RIS		2	DATE OF DE	ATH DAY	91	3. TH	ME OF DEATH	M
(P		4. SOCIAL SECURITY NUMBER 213 42 1919	1 🗌 M 2 🎇 F	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	F UNDER	MIN.	Month, Day, Jan. 5	,1911	Mary	1an	E (State or Foreign	,
1	2	H.	9a. FACILITY NAME (If not institution, give str Garlock Memorial		cent Hom	n o			R LOCATIO	ON OF DEAT	Ή		county of d Vashin		n	
	2 comens	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Convares	Lette Hon		Y, TOWN O			/11		1	vasiiiii	-	INSIDE CITY	_
"Marketi-to	it. Page	DIR	Maryland Washi	ngton			agers								LIMITS?	
- 13	nsit permit.	FUNERAL	100. STREET AND NUMBER 148 East Avenue					101	ZIP CODE			10g.	. CITIZEN OF US		COUNTRY?	
-3146 ding physiciar	as the burial-transit	ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA		MEO O	1	f yes, spe		n, Mexican, I	ORIGIN? (Spe Puarto Rican,		Spe	CE — Arck, White	merican Indian, ta, etc.	
2120; ital or att	ed for use	PLETED	15. DECEOENT'S EOUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Gh	ve kind of a Do NOT us	usual oc work done o se retired.) naker	during mo	N sl of working	g	16b. KINO	OF BUSINES	S/INOUSTRY			
MARYLAND retained by the hosp	id be detached	BE COMPL	17. FATHER'S NAME (First, Middle, Last) William Higdon						C1	ara I	(First, Middle, Rorbac	k				
MAR e retaine	e 5 should notified	10	19a. INFORMANT'S NAME (Type/Print) Frances Lawrence								nte Number, City erstow			0		
BALTIMORE, MARYL, nours after death. Page 6 may be retained by 1	ector, page must be		20a METHOD OF DISPOSITION 1 Security Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	20b. PLACE Cother pie	ice)							on — chy or 1 amspor			
TIM	tuneral din examiner		21, SIGNATURE OF FUNERAL SERVICE LICE	INSEE	-		MI	NN 1	H FU	NE RA'	HOME					_
BAL ter dear	the fun		Scott	2011	unn	up								, M	ld. 2174	
A hours a	y filled in by the tion, or removal the medical		23. PART I. Enter the diseases, or 6 shock, or heart failure. L IMMEDIATE CAUSE (Fine) disease or condition		e on each iine.							r reepirator	y erreat,		Approximete interval Betw Onset and De	reen
6, within	crema rent,		resulting in death)	DUE TO (OR AS A CONSEQ	UENCE O	F:	-CV	7 ~~	Neur	7			\dashv	tu m	ن
13 Execu	and o bur	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	WENCE O	PF):	chi	-	New				+		
O. BOX	phy ne p	FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa	DUE TO (OR AS A CONSEC			0	PD					\dashv		_
P.O.	end H	CERTIFI	resulting in deeth) LAST											_		
DS, at the d	by the and Me	MEDICAL C	PART II. Other significant conditions		Seath but not r	esulting	in the un	nderlyin	g ceuse g	given in Pr		WAS AN AUTO PERFORMED YES 2 1	?	COM	E AUTOPSY FINDI LABLE PRIOR TO PLETION OF CAUS DEATH?	
RECOF	been signed r, of Health shows an										-			1 [YES 2 NO	
VITAL	ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	500 A-46-A 0	□ 004	OTHE	R:		EATH (Check					_	_
OF PHYSIC	this certi with the rked, or		27. MANNER OF OEATH 1 Natural 6 Pending	28a. DATE OF I	NJURY	26b. TIN		28c. INJ WC		2	Other (Special Control of Control		Y OCCURED			_
DIVISION OF VITAL DR ATTENDING PHYSICIAN: The	W O W	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At house, (Specify)	me, farm,	street, fact	tory, offic		2	28f. LOCATION City or Tow	(Street and No. n, State)	umber or Rura	l Route I	Number,	_
DIV PITAL DR A	ERAL DIRECTOR: in 72 hours after T: If Item 28 I	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER											e(a) and	menner as state	rd.
THE HOS	TO THE FUNERAL D be filed within 72 h IMPORTANT: If It	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Vatz	NEW M	,				ENSE NUMB		290	. DATE SIGNE	ED (Mon		
2	2 ₹ €	5	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (ITE	M 27) (Type	e, Print)									_
			VASAW T DA				MI	4	57	HA	a El.	3 TOW	~ . ^	~0	21741	_
			APR 05 '91	Julia Das	Adson for	dell										



1		FOR STATE
	-	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

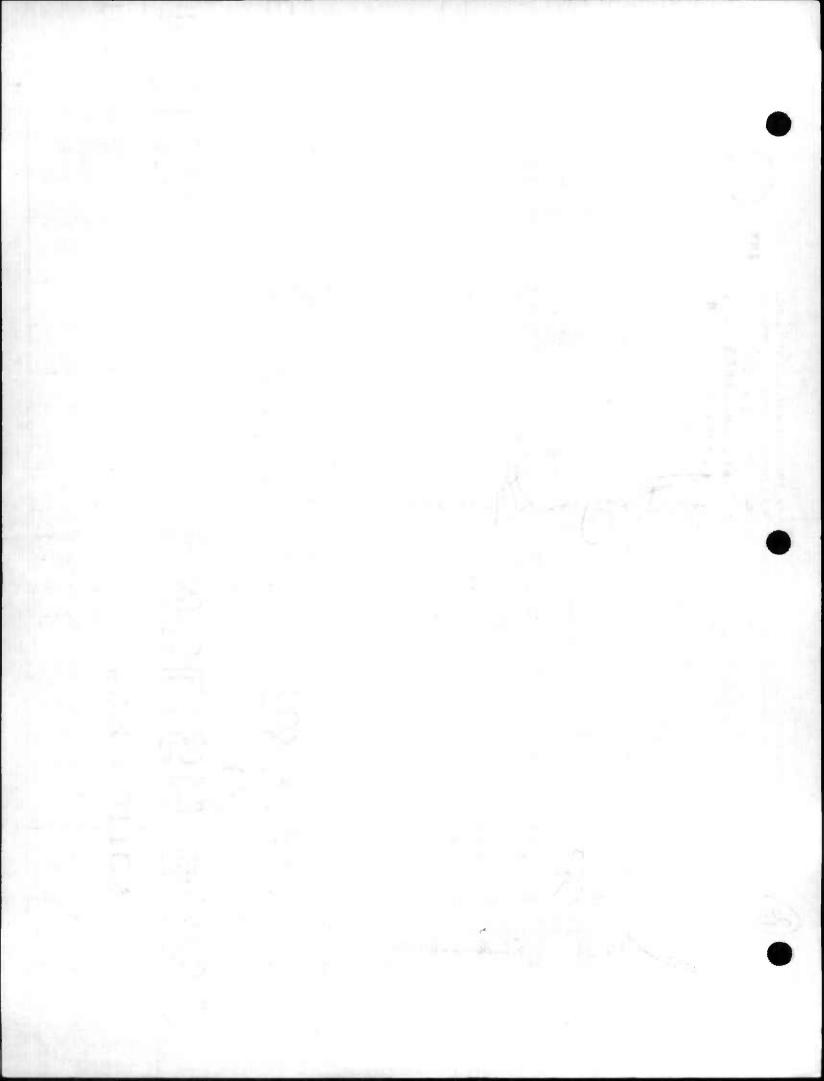
REGISTRAR		CERTIFI	CATE OF	DEATH	RE	EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH		
JAMES D. NELSON	Sr.				MARCH	15 1	991	12:05 a.m		
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	(Year)	8. BIRTNP Country	LACE (State or Foreign		
579-38-6274	1 M 2 - F	64 YRS.			Februai			shington, D		
THE JOHNS HOPKIN	99. FACILITY NAME (If not institution, give atreet and number) THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY						9c. COUNTY OF DEATH BALTIMORE CITY			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40. 000	, TOWN OR LOCA							
				IION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
100. STREET AND NUMBER RD # 3 Box 202					101. ZIP CODE 17314			10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Married 2 Married FORCES? 1 YES				SPANIC ORIGIN? (Specify Yea or No— 14. xican, Puarto Rican, atc.)			- American Indian, White, etc.		
15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KINI	D OF BUSINESS/IN	NOUSTRY			
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.) Florist			White House/ U.S. Gov't.					
17. FATHER'S NAME (First, Middle, Last)		1.101150		18. MOTHER'S NA		, Maiden Surname)		7. GOV C.		
Albert R. Nelson	1				Conwa					
19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street	and Number or Rural			Zip Code)			
Kathleen Gurley				Delta, F						
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE	20c. LOCATION -	- City or Tov	rn, Btate		
1 Specify 2 Cremation 3 Rame	ovat from State	of cemetary, crematory edar Hill	or other place)		/10/01	Suitlar				
21. SKINAKURE OF FUNERAL SERVICE LIC	ENSEE X	edai IIIII	22. NAME A	ND ADDRESS OF FA	VCILITY					
Brya	Me	back	Robert	E. Wilh	elm,In	4308 c. Suit]	Suitl Land,	and Rd. MD. 20746		
Sequentially list conditions, if any, leading to immediate	- Acquired Immunodeficiency Syndrome Bue to for as a consequence or: Human Immunodeficiency Views Infection Bue to for as a consequence or:							4 years 6 years		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	(Disease or injury DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant condition	s contributing to dea	th but not resulting i	in the underlyli	ng cause given in		. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJU	RY 28b. TIME OF 28c, INJURY AT			28d. DESCRIBE NOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF 1 building, etc.		JURY — At home, farm, street, factory, office (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my I							and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIES	mulle	m		29c. LICENSE NU	DING-	29d. D.	3/15/	(Afonth, Day, Year)		
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	P DEATH (ITEM 27) (Type	Johns Ho	PEN.	spital	, Bulto	MO	21205		
MAR 19 91	Julia Day	some Mandall				33.3				

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to use as the burial-transit point. Regies 1, 2, 5 in the burial transit point. Regies 1, 2, 5 in the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner, must be potified at gnew 🛒 🕏 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DNMN-18 Rev 1/89



DHMH-16 Rev 1/89

	FOR STATE REGISTR
	1. DECEDENT'S
	4. SOCIAL SEC 163-5
	90. FACILITY N. Laure
	nesidence 100. STATE Maryl
-	10e. STREET A
I	11. MARITAL ST

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CER	ITIFIC/	ITE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Elsie L. Nixo:							24	3. TIME OF DEATH 1 1950	м	
	4. SOCIAL SECURITY NUMBER 163-50-9602	5. SEX 6. AGE	(In yrs. last bli 95	YRS. IF I	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, Aug. 20	TTH 7687)	C	IRTHPLACE (State or Foreign puntry) ennsylvania	
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D				OF DEATH			
۳.	Laurelwood Nursi	ng Center			Elkto	n			Cecil		
5	RESIDENCE OF DECEDENT									1	=
H	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. Maryland Cecil 100. CITY TOWN OR LOCATION 100. STATE 100. STATE 100. CITY, TOWN OR LOCATION 100. STATE 100.							10d. INSIDE CITY LIMITS?			
0								1 X YES 2 □ NO			
ECOCECC 1 VEC 2 FINO Huma specify Cuban Maylean Buent Bloom etc.) Block White etc.							OF WHAT COUNTRY?				
								U.S.A	•		
							RACE — American Indian, Black, White, etc.				
BY	1 Never Merried 2 Merried 3 X Wildowed 4 Divorced			1 VES 2 TV NO Specify: Specify:					Mary Control of the C		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECE	DENT'S USU	AL OCCUPATI	ON of working	16b, KIND	OF BUSIN	NESS/INDUSTI	RY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use ret	ired.)	on or working					
린		2	Но	memak	er						
Š	17. FATHER'S NAME (First, Middle, Lest)	FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME (First, Middle, Melden Surname)						
BE	Joseph P. Long					Ida Sc	hock				
	19e, INFORMANT'S NAME (Type/Print)					end Number or Rural I			State, Zip Cod	0)	
임	Mrs. Evelyn Stra	dling	1	14 Ma	loney	Road	Elkton	, MD	2192	1	
					or DISPOSITION (Name of cometer, cremetory or con) North & Southampton rm Church Cemetery Churchville, PA					10-3 300	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1.0202	0110		ND ADDRESS OF FA	CILITY FUR	orale	c D A		
	+ Ralph	& His	bal	,	Bow	and Stoc	kton St			•	
	23. PART I. Enter the diseeses, or			h. Do not				or respire	atory arrest,	Approximata interval Between	
	ahock, or heert fallure. IMMEDIATE CAUSE (Final	List only one cause on	eecn line.							Onset and Da	
	disease or condition resulting in deeth)	a. Condi	to An	40 St							
	resulting in deetily	OUE TO (OR AS	S A CONSEQU	ENCE OF):							
z		b. ALZHE									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQU	ENCE OF):							
2	CAUSE (Disease or Injury	c									_
E	that initiated events resulting in death) LAST	OUE TO (OR AS	S A CONSECU	ENCE OF):						j	
H		d									-
	PART II. Other algnificant condition	na contributing to death	but not res	uiting in t	he underlyle	ng ceuse given in	Part I. 24a.	WAS AN A		24b. WERE AUTOPSY FINDIN	iGS
2							10	PERFORM		COMPLETION OF CAUS	Æ
ED							_ ' -	,		1 YES 2 NO	
Σ							_				
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPPERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 EX/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. INJURY AT WORK?											
Sic	EXAMINER?	HOSPITAL:	utpatlant 3 🗆		THER:	me 5 🗆 Reeldence	6 Other (Soe	ictfv)			
Н	27. MANNER OF DEATH	28s. DATE OF INJUR	ry	28b. TIME O	F 28c. II	IJURY AT	28d. DESCRIB		JURY OCCUR	ED	\neg
	1 Natural 6 Pending	(Month, Day, Yea	"	INJURY		YES 2 NO					
BY							Bural Route Number,				
TEC	3 Suicide 8 Could not be building, etc. (Specify) City or Town, State)										
Ë	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kr	cwledge dest	h occumed a	t the time de	te and place, and due	to the cause(s)	and man	ner as stated.		
3 Success 4 Homicide 4 Homicide 5 City or Town, State 6 City or Town, State 7 City or Town, State 7 City or Town, State 7 City or Town, State 7 City or Town, State 8 City or Town, State 8 City or Town, State 9 City or To								d.			
BE											
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Pri	nt)	, ,,,,,	, -		1	/	
	Thomas Finucan,	M.D. 3	Mauld	lin Av	enue	North	East,	MD	21901		
	31. DATE FILED (Month, Day, Year)		IGNATURE	0.00							
	MAR 27'91	32. REGISTRAR'S S	Son-An	pdalil							



DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

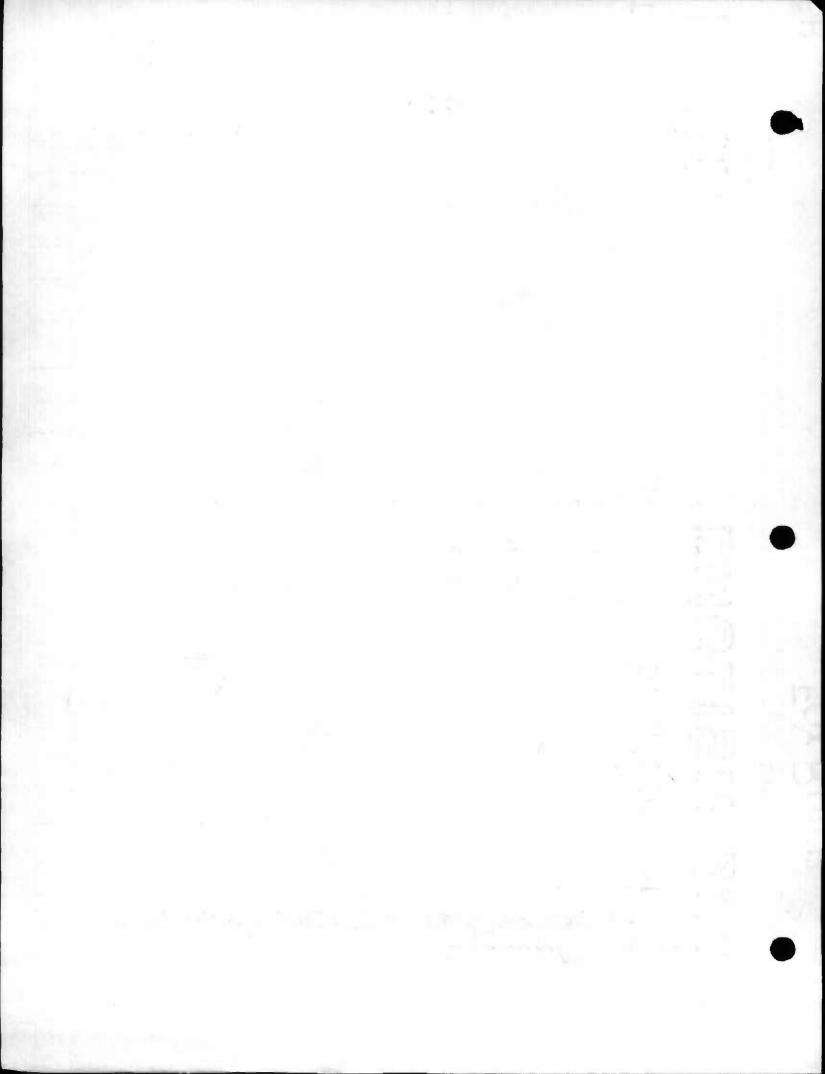
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UTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	afte	20 is marked or Hem 23 shows any injury or other traumatic event the medical examiner much he notified at once

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 20 1991 Karen Kelly O'Neill 5:10 a,m MARCH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS 224 74 9298 1 ☐ M 2 🙀 F 41 Aug. 26 1949 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Gambrills 1 - YES 2 NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 2305 Nancarles Drive 21054 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. 1 Never Merried 2 Merrie IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: 3 Widowed 4 Otvorced No White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KINO OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) 2 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME (First, Middle, Maiden Sumame) Thomas J. Kelly Jr. Dorothea Bowen 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nelson L. O'Neill 2305 Nancarles Drive Gambrills Maryland 20s. METHOD OF DISPOSITION
1 X Burisi 2 Cremstion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State of cemetary, crematory or other place)
Lakemont Memorial Gardens 3/23/91 4 Donetion 5 Other (Specify) Davidsonville Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert Beall-Evans Funeral Home, P.A. Mes. van 16000 Annapolis Rd. Bowie Maryland 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cardiec or respiratory arrest, **Approximate** interval Betwe shock, or heart feilure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition resulting in death) 54Stole DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 5 - Other (Specify) 4 - Nurs 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATT 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 5 Could not be datermined 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the 290. SIGNATURE AND TITUE OF 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

> LETEO CAUSE OF OEATH (ITEM 27) (Type, Print) MD Johns Ho

32. REGISTRAR'S SIGNATURE Davidson-Handale 8



DR ATTENDING PHYSICIAN: The law

HOSPITAL

this c marked,

DIRECTOR: After the hours after death

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Pages 1, 2, 3

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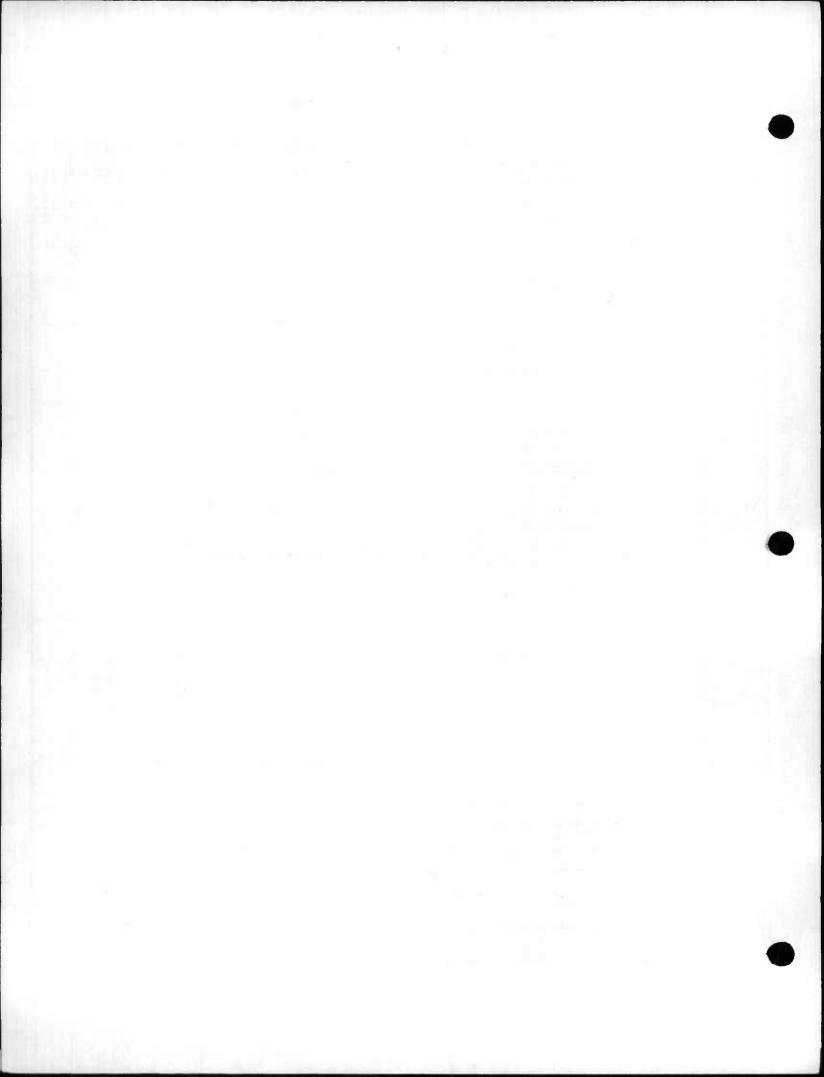
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notified at Pe must examiner the medical 6 Mental Hygiene prior to burial, cremation, other traumatic event, Injury, or signed by the a Health and Men shows any peen 50 has be. Dept. c 23 the State (Hem certificate 6

09806 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH LOUISE E. OLTVERT 991 MARCH :45 4. SOCIAL SECURITY NUMBER S. SEX 5. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
JULY 10, 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F WASHINGTON, DC 579-05-2586 75 YRS. 1915 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 4431 HALLET STREET ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4431 HALLET STREET 20853 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubun, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Wildowed 4 Divorced Specify: BY WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Second dary (0-12) HOMEMAKER 12 17. FATHER'S NAME (First, Middle, Last, 15. MOTHER'S NAME (First, Middle, Maiden Surname) EART. CRIITT RHODA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MELVIN R. OLIVERI (HUSBAND) 4431 HALLET STREET, ROCKVILLE, MARYLAND 20853 20a, METHOD OF DISPOSITION
1 Neurial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State PARKLAWN CEMETERY ROCKVILLE, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERALISERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. Duren! 500 UNIVERSITY BLVD.W., SIL.SP., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, **Approximats** shock, or heert fellure. List only one cause on ulgad lucesumutuser IMMEDIATE CAUSE (Fine) Onset and Death resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Input on 2 | ER/Output on 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 20c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF THE FUNERAL CO TO THE FUNERAL CO TO THE FUNERAL CO TO THE FUNERAL TO THE MANAGEMENT. If IT 2 MEDICAL EXAMINER: On the in ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

> LAWRENCE SWINK. M.D. 2415 MUSGROVE ROAD, #209, SILVER SPRING, MD 20904 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3-19 Guna Davidson Gandell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

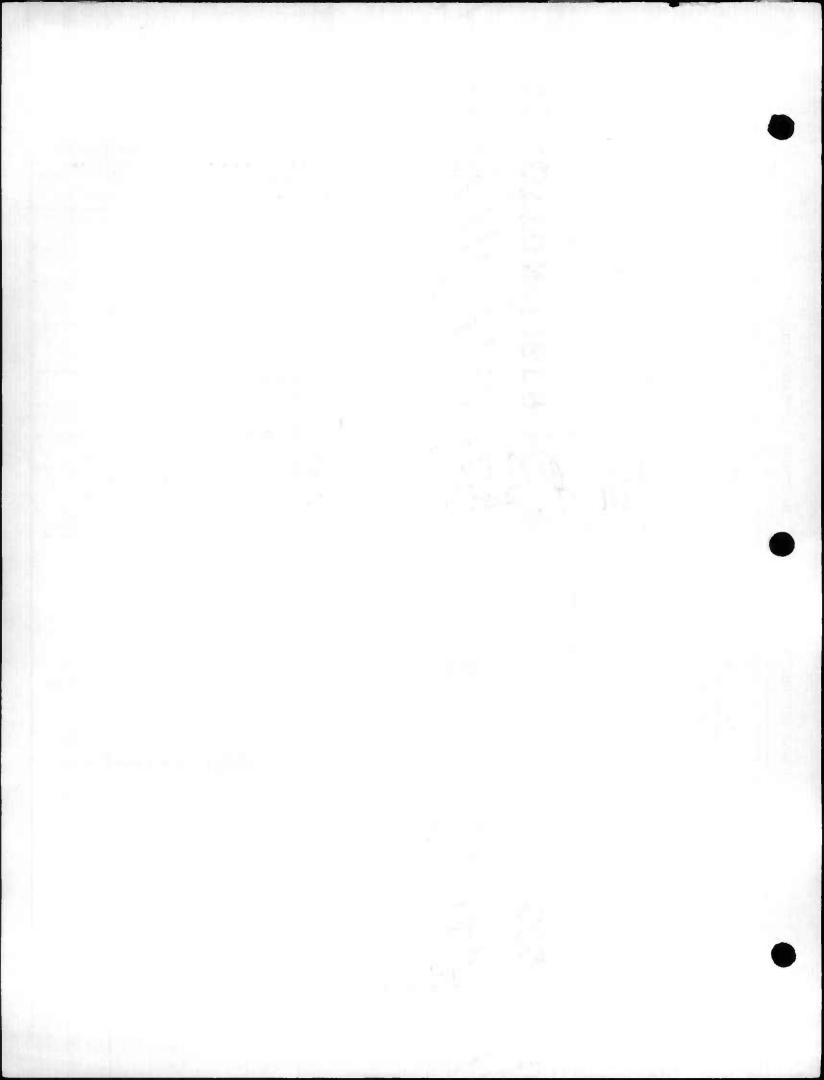


1 1	1. OECEOENT'S NAME (First, Middle, Las	1)	OLITTI	IOAIL	F DEATH	REG. NO	<i>.</i>	1.3	TIME OF DEATH
	Charles J. Oran					MONTH D	6 199	EAR	3:20 p
1	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		BIRTHPLA	CE (State or For
i.	578099365	1 x M 2 □ F 83	YRS.	MONTHS DAY	2005	(Month, Day, Year) 01/22/08		lash.	
Æ	9s. FACILITY NAME (II not institution, given Leland Memorial	l Hospital			dale, Md.	EATH	9c. COUNTY Princ		orge's
CLO	RESIDENCE OF DECEDENT			1					
DIRE	Maryland Prin	ce George ^t s	1019.19	ry, town on Lo Riverda				1011	I. INSIDE CITY LIMITS? YES 2
RAL	100. STREET AND NUMBER 4813 Ravenswoo	od Road			101. ZIP CODE 20737			S.A.	COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nover Merried 4 Divorced	12. WAS OECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes,		NIC ORIGIN? (Specify Year, Puarto Rican, stc.)			American India
ED E	15. OECEOENT'S EI	DUCATION	18a. OECEDENT'S			16b. KIND OF BU	ISINESS/INDUS		
E	(Specify only highest gra	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during ise retired.)	most of worlding				
COMPL	7th		Stereot	yper		Newsp	,		
	17. FATHER'S NAME (First, Middle, Last) Gasper Orange				Irene \	AME (First, Middle, Maider	Surname)		
BE	19a. INFORMANT'S HAVE (New Print)		195 MAILING	ADORESS /Smi		Route Number, City or To	en State Zin Co	nelei	
5	Norma C. Loeffe	d				Bowie,			0715
	NETHOD OF DISPOSITION	205	PLACE OF DISPO	SITIDN (Name of	cemetery cremetory or		OCATION — CIT		
	4 Donation A Dthac Sporty)	11/1	Ft. Lin	coln C	emetery	Bre	ntwood	d, Ma	arylan
	m enterruit de russian stavice	1/Sul	su	FRA	NCIS GAS	CH'S SON			
	IMMEDIATE CAUSE (Final	er complications that caused be. List only one cause on an		not anter tha	mode of dying, suc	ch as cardisc or reap	piratory arres	it,	Approximation Interval Be
	disease or condition resulting in death)	a. Cardi		spir	a tary	Jon	love		Onset and
ERTIFICATION		b. Chron OUE TO (OR AS A C C. DUE TO (OR AS A C C. DUE TO (OR AS A C	CONSEQUENCE C	bstri	atory spira isorde	Jone homga tion	love	se	Onset and
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO COR AS A C.	CONSEQUENCE CONSEQ	bstri	spira isade	fron Part I. 24a. WAS A PERFO 1 P YES	NAUTOPSY PRIMED?	CO OF	RE AUTOPSY FI ILLABLE PRIOR MPLETION OF (DEATH?
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	c. DUE TO COR AS A C. OUE TO COR AS A C. Oue TO COR AS A C. Oue TO COR AS A C. Oue TO COR AS A C.	CONSEQUENCE CONSEQ	Delication of the second of th	spira isade	PERFC 1 YES	RMED?	CO OF	RE AUTOPSY FI ILLABLE PRIOR MPLETION OF C DEATH?
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	c. DUE TO COR AS A C d. HOSPITAL: 1 Inpetient 2 ER/Outpe	CONSEQUENCE CONSEQ	OF: OF: OF: OTHER: 4 Nursing I	Spira Spira Swall ying cause given in	PERFC 1 YES theck only one) 8 Other (Specify)	PRMED?	OF 1 [RE AUTOPSY FI ILLABLE PRIOR MPLETION OF C DEATH?
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH NETURN 8 Pending	c. DUE TO (OR AS A C. DUE TO (OR AS A C. d. d. HOSPITAL: 1 Inpatient 2 ER/Outpa	CONSEQUENCE CONSEQ	OTHER: 4 Nursing I	Spira Spira Swale Syling cause given in	PERFC 1 YES	PRMED?	OF 1 [RE AUTOPSY FI ILLABLE PRIOR MPLETION OF C DEATH?
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D BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 8 Pending Investigation 3 Suicide 8 Could not datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PN	C. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE CONSEQ	OFF: OFF: OFF: OTHER: 4 Nursing ME OF JURY M street, factory, of the time, or the	Spira (Swall ying cause given in b. PLACE OF DEATH (Colome 5 Realdence in Juny AT WORK? YES 2 NO office	PERFC 1 YES 1 YES Other (Specify) 28d. DESCRIBE HOW City or Town, Stetl a to the cause(a) and m	INJURY OCCU	REO REO	YES 2 0

32. HEGISTRAR'S SIGNATURE
Julia Savidson-Randale

A NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MUZTHY-

31. DATE FILED (Month, Day, Year)
MAR 1 8 '91

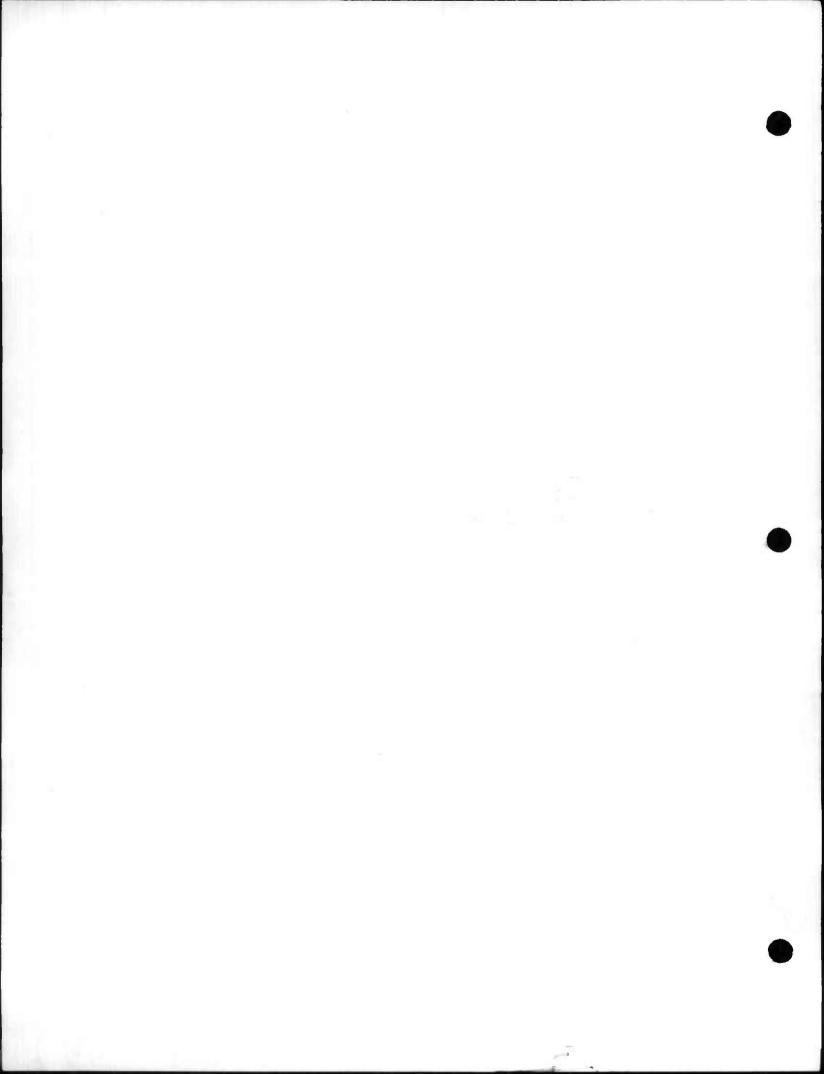


BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed which a course of they be retained by the indi-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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WEDTH	npietel	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	yent.
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN YEAR . 40 Edward Richard Owen Edward Owen AM IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign 7. DATE OF BIRTH DAYS HOURS 364-03-1041 1XXM 2 - F 84 8-7-06 YRS. England 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATN DIRECTOR Greater Laurel Nursing Home Prince George Laurel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Haryland Prince George Laurel 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 6111 Goodman Road 20707 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 A NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 Wildowed 4 Divorced BY White ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Щ Elementary/Secondery (0-12) College (1-4 or 5+) Photo Engraver Photography COMPL 6 0 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Charles Robert Owen Eleanor Jessie Dennison 88 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6111 Goodman Road Laurel, Maryland 20707 Edward C. Owen 20 METHOD OF DISPOSITION
125 Suriel 2 Tremetion 3 - Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION -- City or Town, State Saltimore-washington Crematory Laurel, Maryland 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE alal Tileal ly 7601 Sandy Spring Rd. Laurel, AD 20707 23. PART / Enter the diseases, pr complications that cause the death. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart failure. List only one cause on each line. Approximata nterval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition overned reaulting in death) CERTIFICATION Sequantistly list conditions, if any, leading to immediate Bonemarron Supprison . Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO atient 2 ER/Outpatient 3 DOA Nursing Name 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME/OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural
2 Accident 8 Pending м 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be ETED 4 Homicide determined 29e, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 29h SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 3-19-91 D13671 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (LIEM 27) (Type, Prin Park De mord GMANE RF) 14201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '91 MAR 21 Lulia Davidson-Randale



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fter this certificate has been signed by the attending physician and completely filled in by the funer	eath with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical exam
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND APPRESS

Johns

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FOR STATE		STATE OF N			RTMENT (MENTAL HYGIEN		1 (150	09
REGISTRAR 1. DECEDENT'S NAME (First	t, Middle, Last)			ERIIF	ICATE	OF I	JEAIN	REG. NO).		3. TIME OF	DEATH
AARON ORI		1						MARCH 29,	1991	YEAR	3:00	р
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF BIRTN	1,7,7,1	A. BIRTNI	PLACE (State	or Foreign
242-26-1382		1 🔀 M 2 🗌 F	68	YRS.	MONTHS	DAYS	HOURS MIN.	4-10-22 (Month, Day 2 (ber)		Sout	th Car	colin
9a. FACILITY NAME (If not	Institution, give	street and number)			9b. CITY, T	OWN OF	LOCATION OF D	EATH	9c. COU	NTY OF DE	EATH	
THE JOHNS H	OPKINS	HOSPITA	L		BALTI	MOR	E CITY		BAL	TIMO	RE	
MD .	10b. COUNT	ester			y, town on ean C		DN				10d, INSIDE LIMITS	?
100. STREET AND NUMBER		t. #5					2IP CODE 1842				State	
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4XXDIv	1 1 1000	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2		lf y	res, spec		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No—	14. RACE Black Specif	- American , White, etc.	
	CEDENT'S EDU				USUAL OCC			16b. KIND OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary	nly highest grad (0-12)	College (1-4 or 5 +	, 1	Give kind of the Do NOT u lesma:		ring most	of working	Mainter	ance	Supp	olies	
17. FATHER'S NAME (Flost, Harry Oren							Mary Ka	ME (First, Middle, Melder lletski	Surname)			
19a. INFORMANT'S NAME Harry Oren								Route Number, City or Tox			0015	
20g. METNOD OF DISPOSI					E OF DISPOS			Washington	CATION -		20015	
1 A Burlel 2 Cremet 4 Donation 5 Donat	ion 3 Ran e (Specify)				emoria	il G	ardens	4-1-91	lney	, MD.		
· Yau	N	tagan			117	70 R	ockvill	dberg Memo e Pike, Ro	ckvi	lle,	els, MD.	Inc. 2085
23. PART I. Enter the ahock, or iMMEDIATE CAUSE (F disease or condition resulting in deeth)	heert feliure.	complications the	Multip	deeth. Do ne.	pay fa	e mod	e of dying, suc	ch as cerdiac or resp	piretory ar	rest,	Interv	oximate rai Between t and Dea
		DUE TO	SUPSIS	EOUENCE &	recur	ven.	t gluca	anoma			lak	-€ MO
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or inthat initiated events resulting in death) LA	ediete YING jury	C	OR AS A CONS COMPLICA OR AS A CONS	ma	of c	msi	องวรณ(วา	Sugary.				lwk
PART II. Other signific	cent condition	d contributing to		t resulting	in the und	erlying	cause given in	PERFO	N AUTOPSY PRMED? 2 NO	24b.	WERE AUTOI AMAILABLE F COMPLETION OF DEATH?	PRIOR TO N OF CAUSE
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	ER/Outpetlant	3 □ DOA	OTHER:		CE OF DEATN (C	heck only one) 6 Other (Specify)				
27. MANNER OF DEATN 1 Natural 5	Pending Investigation	26a. DATE OF (Month, D	INJURY	26b. TII	Y	8c. INJU	RY AT	28d. DESCRIBE NOW	INJURY O	CURED		
2 D Butalda	Could not be determined	28e. PLACE C building,	F INJURY — At etc. (Specify)	home, farm,	street, factor	y, office	16	26f. LOCATION (Street City or Town, State	and Numbe	r or Runal F	Route Number	
CONTROL ONLY								e to the cause(s) and m) and	
25b. SIGNATURE AND THE				- miveorigati	ort, ar my opi	anori, de	29c. LICENSE NU			TE SIGNED		

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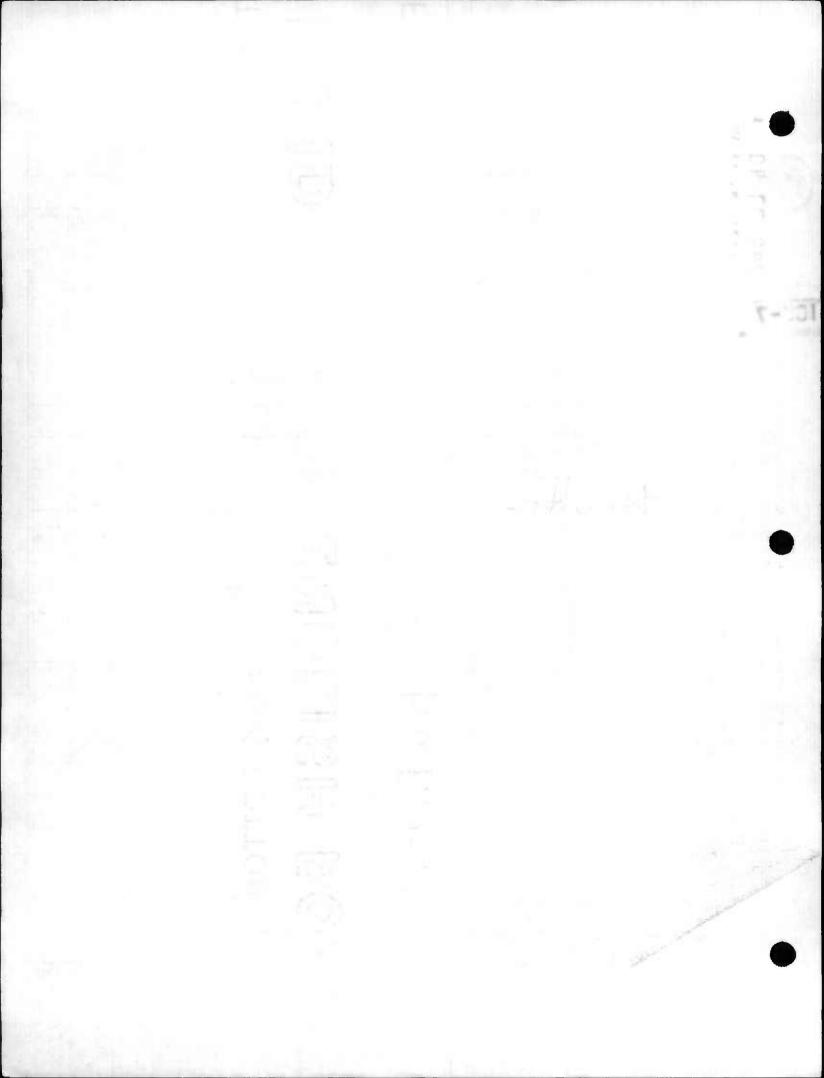
32. AUGISTRAN'S SIGNATURE PANDELL

MD

KURT CAMPBELL, MD. 2(265 /600 N WOLF

/600 N WOLFE ST

DNMN-16 Rev 1/89

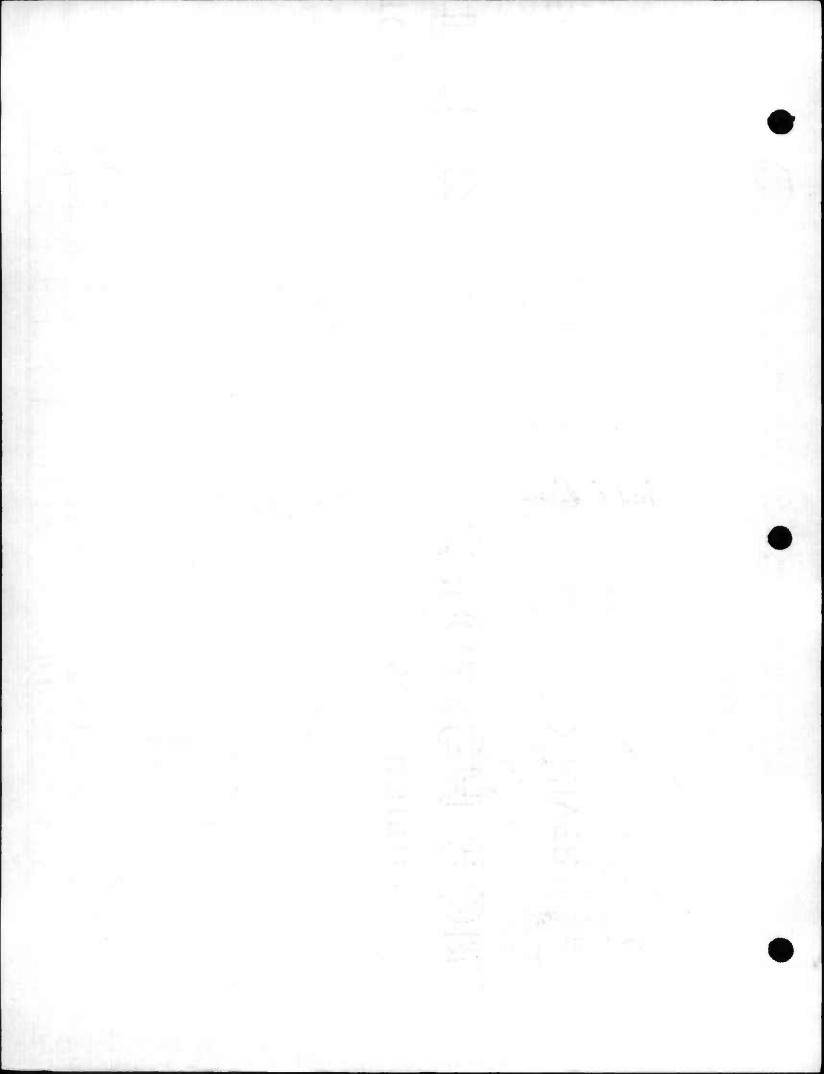


IMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician. I director, page 5 should be detached for use as the bunial-transit permit. Pages

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in the funeral director, page 5 should be detached for use	De lied within 72 hours ared dearn with the State Cept. Or regul and welled hybers provide under the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A OFCEDENTIO NAME OF A AND TO		CERTIFIC	CATE OF	DEATH	REG. NO),		
1. OECEDENT'S NAME (First, Middle, Las						AY YA	YEAR	3. TIME OF DEATH
		rme	-		March 31,	1991		9:45 A
4. SOCIAL SECURITY NUMBER	5. SEX 8. A		F UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
218-24-0962					May 1, 190	_		land
90. FACILITY NAME (If not institution, gh	tal		Silver	Spring	EATH		tgome	
RESIDENCE OF DECEDENT		too CITY	TOWN OR LOCAT	TION				10d. INSIDE CITY
			kville	ION				LIMITS?
Maryland Mon	tgomery	ROC		, ZIP CODE		I 10g CIT		1 YES 2 K NO
4316 Judith Stre	o+			20853		6.67		tates
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMEO	13. WAS DEC		NIC ORIGIN? (Specify Ye		_	- American Indien,
1 Never Married 2 Merried 3 Merried 4 Divorced	FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 X NO	If yes, sp		en, Puerto Rican, etc.)		Black, Spec//y	White, etc.
15. DECEDENT'S E (Specify only highest gr		16a. OECEDENT'S U			16b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ast of working				
8		Homemak	er		Owi	n Hom	e	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	Surneme)		
Simon Peter	Knill			Daily	C. S.	leife	r	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street o	and Number or Rural	Route Number, City or Tox	vn, State, Zi	p Code)	
Nancy V. St	ubbs	4316 J	udith S	treet, F	Rockville,	Mary	land	20853
20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 R	amovel from State	20b. PLACE AND DATE of cemetary, crematory		(Name	DATE 20c. LO	OCATION -	City or Tow	m, State
4 Donetion 8 Other (Specify)		MT. Oliv		etery 4	1/4/91 Fr	ederi	ck, M	Maryland
21. SIGNATURE OF FUNERAL SERVICE	UNIC .	M00877	Rober Inc.	nd Address of FA	nphrey Fund t Montgome aryland 2	eral	Home/	Rockville
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	oue to con	AS A CONSEQUENCE OF SCHOOL AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	fices	cerel	no rasa	ala	37	Onset and Des / WK
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PART II. Other aignificant conditions	dtions contributing to dea	th but not resulting in	the undariyin	g cause given in			24b.	
	dtions contributing to dea	ith but not resulting in	the underlyin	g cause given in		RMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		ith but not resulting in			PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other aignificant conditions of the con	L HOSPITAL:		26. P	LACE OF DEATH (G	PERFO 1 YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions are algorithms.	L HOSPITAL:	/Outpetlent 3 □ DOA	26. POTHER:	LACE OF DEATH (C	PERFO 1 YES heck only one) 6 Other (Specify)	PRMED? 2 № NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant conditions to the condition of	HOSPITAL: 1/X Inpatient 2 GER 28a. DATE OF INJ (Month, Day, Y	/Outpatient 3 DOA	26. PI OTHER: 4 Nursing Hon OF 28c. IN. RY WG	LACE OF DEATH (C	PERFO 1 YES	PRMED? 2 № NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other aignificant conditions to the condition of	HOSPITAL: 1/X inpatient 2 = ER 28e. DATE OF INJ (Month, Dey. You	/Outpatient 3 DOA URY 28b. TIME INJL JURY — At home, farm, at	26. POTHER: 4 Nursing Hon OF 28c. IN. WY M 1	LACE OF DEATH (C	PERFO 1 YES heck only one) 6 Other (Specify)	PRMED? 2 IN NO INJURY OF	CCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other aignificant conditions are also also also also also also also also	HOSPITAL: 1/N inpatient 2 ER 28a. DATE OF INJ (Month, Day, Y Be PLACE OF IN building, etc. HYSICIAN: To the best of my MINER: On the besis of exami	/Outpatient 3 DOA URY 28b. TIME ber) 1 DOA JURY At home, farm, si (Specify) 1	26. PI OTHER: 4 Nursing Hon OF 28c. IN, INY M 1 Ireet, factory, office d at the time, date	LACE OF DEATH (C	PERFO 1 YES 1 YES 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Yown, State a to the cause(e) end me time, date end place, of	INJURY Of cond Number of the standard due to	or or Rural Rated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other aignificant conditions are also as a condition of the condi	HOSPITAL: 1/N inperient 2 ER 28a. DATE OF INJ (Month, Day, Y Month, Day, Y MINER: On the best of my WHO COMPLETED CAUSE OF	/Outpatient 3 DOA URY 28b. TIME ber) 28b. TIME INJL JURY — At home, ferm, st (Specify) knowledge, death occurre- nation and/or investigation	26. PIOTHER: 4 Nursing Hon 5 OF 28c. IN. WX 1 Itreet, factory, office of the time, date on, in my opinion, of the time o	LACE OF DEATH (Come 5 Residence JURY AT PRIC? YES 2 NO December of the complete of the com	PERFO 1 YES 1 YES 5 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State) a to the cause(e) end me time, date end place, of the cause of the caus	INJURY OF Tend Numbers of the total of the t	occured and a steel. Set or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Dute Number, end menner ee stated (Month, Day, Year)

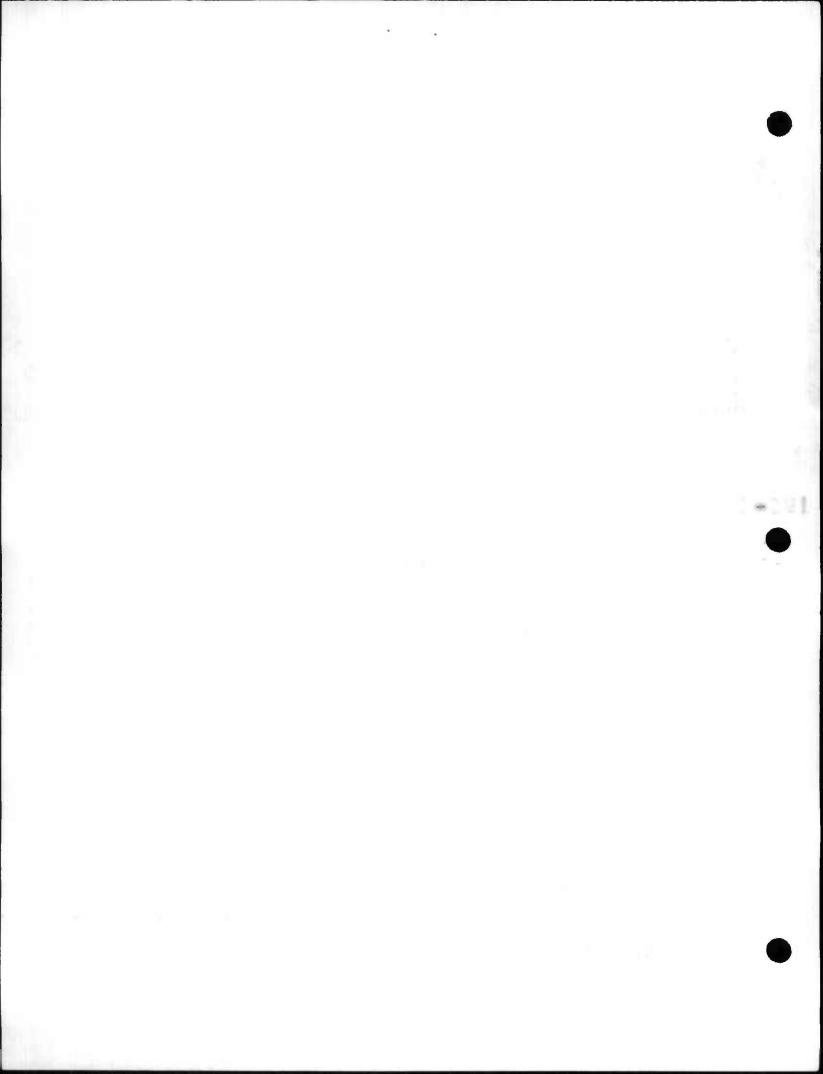


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 redux after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF	DEAT	Ή		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND		HYGIENE REG. NO.	1 03011
1. DECEDENT'S NAME (First, Middle, Last LEONARD	υ Н.	OLIVER		2. DATE OF	DEATH	3. TIME OF DEATH 9:57A M
4. SOCIAL SECURITY NUMBER 214-42-5877	5. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF (Month, D JULY	Nev. Year)	6. BIRTHPLACE (State or Foreign Country) NEW YORK
9e. FACILITY NAME (If not institution, give	o street and number) PKINS HOSPITA		CITY, TOWN OR LOCATION OF		9c. COUNT	TY OF DEATH
RESIDENCE OF DECEDENT						
MARYLAND 10b. COUN	MONTGOMERY	SILV	VER SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e, STREET AND NUMBER			101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
10111 COLESV	ILLE ROAD		20	901	τ	JSA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 X NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Max 1 YES 2 NO Spe	Ican, Puerto Ric		14. RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S Et (Specify only highest gra		16a. DECEDENT'S USL (Give kind of work	JAL OCCUPATION done during most of working tired.}	16b. K	IND OF BUSINESS/INDU	JSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)		CONSULTANT	N.	A.S.A.	
	4	0011212102			die, Malden Surname)	
LEONARD E. OLI	VER		HELI		YER	1
19a. INFORMANT'S NAME (Type/Print)	VEIC	19b. MAILING AD	DRESS (Street and Number or Ru			Code) 20001
KURT NELSON		10111 0	COLESVILLE ROA	D, SIL	VER SPRING	20901 G. MARYLAND
20g, METHOO OF DISPOSITION 1 (X Burlal 2 Cremation 3 Re	200 amoval from State		ON (Name of cemetery, cremetory		20c. LOCATION — C	City or Town, State
4 Donation 5 Other (Specify)	G.	ATE OF HEA	VEN CEMETERY		SILVER SE	PRING, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	Radisc		FRANCIS J. (COLLINS		HOME, INC.
23. PART I. Enter the disease, on ahock, or heert fellur immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	the deeth. Do not ech line.	47	uch as cerdia	c or reepiratory arra	Approximete interval Batween Onset and Death 3 ½ MO.
PART II. Other aignificent condition	I Ausplant	ut not resulting in t	he underlying cause given		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RENHI	DISTASH				7	1 TES 2 TRO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PLACE OF DEATH THER:	(Check only one)		
1 TYES 2 NO	1 Clippatient 2 - ER/Out	26b. TIME O	□ Nursing Home 5 □ Rasiden F 28c, INJURY AT		Specify) RIBE HOW INJURY OCC	1960
1 Natural 5 Pending 2 Accident Investigatio	(Month, Day, Year)	INJUR	WORK?	20d. DESC.	NIBE NOW INJURY OCC	ONED
3 Suicide S Could not I	building, atc. (Spe	— At home, farm, stre- city)	et, factory, office	261. LOCAT City or	ION (Street and Number Town, State)	or Rural Route Number,
One) 2 MEDICAL EXAM		n end/or investigation, i	n my opinion, death occured at	the time, data as	nd place, and due to the	ed. couse(a) and manner se stated. E SIGNEO (Month, Day, Year)
31. DATE FILED (Morith, Dey, Year)	CISEIC MD/I	ATURE	show Hopking	lospitu	BALL	IMERA MIDZIZOS
MAR 28 '91	Gulia David	an handell				



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is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
n by the	rith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical
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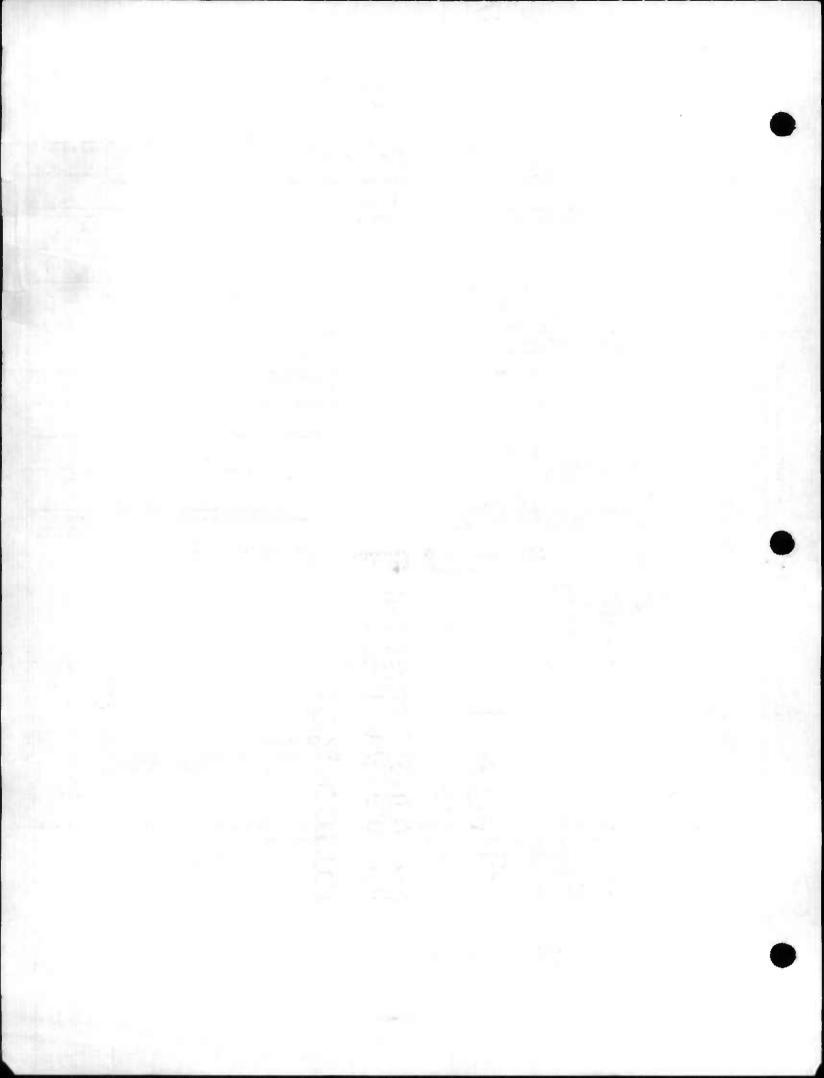
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF !				HEALTH AND F DEATH	MENTA	L HYGIEN REG. NO.		-1	090	12
1. DECEDENT'S NAME (First	, Middle, Last)						2. DAT	E OF DEATH		/EAR	3. TIME OF DEA	ГН
KATHLEEN		MARIE		PA	LINKAS		03				2:55	рм
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs.		IF UNDER 1 YEAR			OF BIRTH	8	BIRTHE	PLACE (State or Fi	oreign
092-64-830	9	1 M 2 XF	19	YRS.	MONTHS DAYS	HOURS MIN.	2	729772			, ichigan	
.9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT			
UNIVERSITY RESIDENCE OF DEC		TAL			BALTI	MORE	_		BALT	IMOE	RE	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY	4
New York	Cr	nemung		Но	rsehead	3					1 X YES 2 _	NO
10e. STREET AND NUMBER						IOI. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?	
117 Bradle	ey Cour	:t				14845	5			USA		
11. MARITAL STATUS	posture.	12. WAS DECEDER	T EVER IN U.S.	ARMED		ECENDENT OF HISF			or No-	RACE Black	- American Indi	len,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES	Mico	1 🗌 Y	specify Cuban, Mex ES 2 NO Spe	clfy:	ricen, etc.)		Specif	v.	
											White	
	EDENT'S EDUC y highest grade		16a.	(Give kind of wo	ork done during i		16	b. KIND OF BUS	SINESS/INDU	STRY		
Elementary/Secondary ()-12)	College (1-4 or 5	+)	ito. Do NOT use Stud	- /							
17. FATHER'S NAME (First, A	ficidle, Last)					18. MOTHER'S	NAME (First,	Middle, Malden	Sumame)			
Alar	J. P.	alinkas				Judy	Man	us				
19a. INFORMANT'S NAME (19b. MAJLINO	ADDRESS (Street	t and Number or Run	al Route Nur	nber, City or Tow	n, State, Zip C	ode)		
Alan J.	Palin	kas		117 B	radlev	Ct. Hors	sehea	d, N.Y.	1484	5		
20a METHOD OF DISPOSIT 1 Buriel 2 Crematic 4 Donation 5 Other	ION on 3 🗆 Rame		of ceme	CE AND DATE	OF DISPOSITIO	ON (Name		TE 20c. LO	rsehea	ty or Tov		
21. SIGNATURE OF FUNERA		ENSEE	- 1 St.	Mary		AND ADDRESS OF	-/	_				
•	1 1	Bargullo	1			Carroll					1 Servi 21155	
IMMEDIATE CAUSE (Fit disease or condition resulting in death)	+	MULTIF	OLE INJ	URIES ISEQUENCE OF):						Onset an	u Death
Sequentially list condit if any, laading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata ING ury	c		ISEQUENCE OF								
PART II. Other significa	ant condition	s contributing to	death but n	ot resulting in	tha undarly	Ing cause given	In Part I.	24s. WAS AN PERFOR 1 YES 2	RMED?	24b.	WERE AUTOPSY! AMAILABLE PRIOF COMPLETION DF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	XER/Outputles	# 3 □ DOA	OTHER:	PLACE OF DEATH						
27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TIME	OF 28c.	NJURY AT	_	EŞCRIBE HOW I	INJURY OCCU	RED		-
1 Netural 5	Pending	03/30	/ 1991	1:50	JRY	WORK? YES 2 NO	DRT	VER IN	AUTO/	AUT	O IMPAC	T
2 Accident	Investigation			t home, farm, st	-		_	CATION (Street				
3 Suicide 8 4 Homicide	Could not be detarmined	building	LIC ST		treet, ractory, or	Title 1	Cit	y or Town, State;)			ST.
one)						ate and place, and o) and manner as	stated.
29b. SIGNATURE AND TITLE						29c. LICENSE			_		(Month, Day, Year	
Donald &	1.1-	WMD				O.C.1					1/1991	,
DOWNER OF LL	F PERSON WH					STREET	ВДТТ	TMORF	MARVI	AND	21201	
31. DATE FILED (Month, Day,	-	- Servery		Physical		OIREEL	ותאת	THORE,	TENTL	MIND	21201	
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REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY										TIME OF DEAT	
	Brian	James		Para		3	19	9	EAR	1:42	
)	4. SOCIAL SECURITY NUMBER 215 80 8370		yrs. last birthday) 21 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH 1. Day, Year) 19 19		Country)	ngton	
	9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY			
СТОВ	2336 Putnam Lan	e		Crofton	n		Anne Arundel Co.				
DIREC	10a. STATE 10b. COUN	e Arundel		rofton	ATION				d. INSIDE CITY		
3AL	10e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZEN OF WH			T COUNTRY?	
FUNERAL	1790 Reading St	12 WAS DECEDENT EVED IN	II S ARMED	12 WAS DE	21114 CENDENT OF HISPA	NIC OBIGIN	United S			tates American India	
В	1 2 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Maxico S 2 ₩ NO Specif	in, Puerto I			Black, W Specify:	White	
ETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)			S USUAL OCCUPATO f work done during m use retired.)		100	. KIND OF BUSIP				
COMPL	12		Plun	nber			azzano		ohne	r Inc.	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		umame)				
BE	Carl F. Para		19b. MAJLIN	G ADDRESS (Street	Joan A. Adcock SS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
2	Carl F. Para 1790 Reading Street Crofton Maryland 21114									114	
	20a. METHOD OF DISPOSITION 1 Sp Buriel 2 Cremetion 3 Re			TE OF DISPOSITION		DAT		ATION — City			
	4 Donation 6 Other (Specify)	La	kemont	Memoria]	l Gardens	3/2	2/91 Da	avidso	nvi	lle Md	
	21. SIGNATURE OF FUNERAL SERVICE	CONSE	Pa	Beal	and address of fa 11-Evans		ral Hom	ne. P.	Δ		
	11/20/11/1				TT DVGIID	rune			47.0		
	23. PART i. Enter the diseases, or ahock, or heart failur	or complications that caused re. List only one cause on ea		1600	00 Annapo	lis	Rd. Bow	vie Ma	rv1a	Approxim	
Z	ahock, or heert failur iMMEDIATE CAUSE (Finel disease or condition reaulting in death)		the deeth. Do	not enter the m	OO Annapo node of dying, suc	lis ch as can	Rd. Bow diac or respira	vie Ma atory arres	ryla t,	Approxim	
TIFICATION	ahock, or heert failur iMMEDIATE CAUSE (Finei disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. COMP (NUSS 10	the deeth. Do ach line. CONSEQUENCE	not enter the m	OO Annapo node of dying, suc	lis ch as can	Rd. Bow diac or respira	vie Ma atory arres	ryla t,	Approxim	
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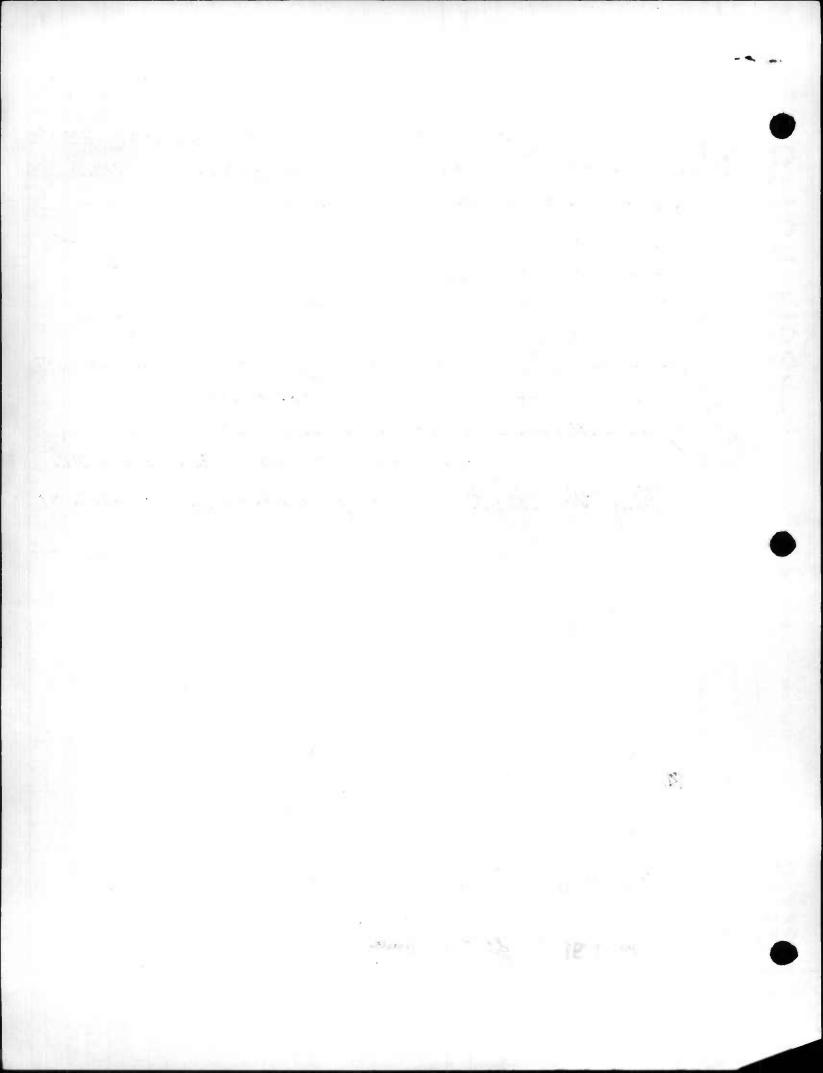
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEOENT'S NAME (First, Middle, Last)		ŀ	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
		ARET I	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 9	BIRTHPLACE (State or Foreign						
		□ M 2 D F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)						
	9e. FACILITY NAME (If not institution, give stree			Db. CITY, TOWN C	PR LOCATION OF DEA		9c. COUNTY	T-CXALS OF OEATH						
DIRECTOR	14926 KALMI	A DRIVE		LAUR	FL		PAINS	e GEORGE						
EC	10a. STATE 10b. COUNTY		10c. CiTY,	TOWN OR LOCAT	ION			10d. INSIDE CITY						
		CE GEORGE	4	AURE (1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 14926 KALMI	A DOWS		101	ZIP CODE	7	10g. CITIZEN	OF WHAT COUNTRY?						
Š		2. WAS DECEDENT EVER IN U			C ORIGIN? (Specify Ye	o or No- 14.	RACE — American Indien, Black, White, etc.							
BY F	1 Never Merried 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES	2 NO Specify:	Puerto Rican, etc.)										
	15. DECEDENT'S EDUCAT	SINESS/INOUST	Specific ACK											
COMPLETED	tamily													
	Sumame)	Hom												
BE	190. INFORMANT'S NAME (Type/Print)	Denson	19b. MAILING A	DDRESS (Street e		oute Number, City or Tox	vn, State, Zip Coo	20705						
٤	Julia Sampso	n	11514	Cord	wall D	rive Bo	Hsvil	k MD						
	20a. METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Remove	20b. P	PLACE OF DISPOSIT	or Town, State										
	4 Donation 5 Other (Specify)	(Ġ	ardera		norize No	North Kerrville, Texas								
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /			ID ADDRESS OF FACI		nerul	Home						
	V~ 4.	this	_	3605	1 6 1	street, N	W.W	Ash DC 2001D						
	23. PART i. Enter the diseases, or cor shock, or heert fellure. Lis	nplications that caused to at only one cause on eec	the deeth. Do no th line.	t enter the mo	de of dying, auch	es cerdiec or reep	errest	, Approximate interval Between						
	IMMEDIATE CAUSE (Finel disease or condition	4		4				Onset end Death						
- 1	o. Myo CARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): ARTORIOSCLEROTIC CARDIONAS CULAR DISEASE YEARS													
_						L DISEA	E	years						
5	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF)											
2	CAUSE (Disease or injury	DUE TO (OR AS A C	SOMBEOLIENCE OF											
CERTIFICATION	that initiated events resulting in death) LAST	DOE 10 (0N AS A 0	ONSEGULIVOE OF /	•				İ						
	MARTIN CALL STORMS AND AND AND AND AND AND AND AND AND AND					con La succ								
MEDICAL	PART II. Other significent conditions	contributing to deeth but	t not reaulting in	the underlyin	g ceuse given in F	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
ă						1 □ YES	2 (2) NO	OF DEATH?						
						-		1 TYES 2 NO						
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (Che	ck only one)								
SIC		HOSPITAL:	tient 3 DOA	OTHER: 4 Nursing Hon	ne 5 K Residence 8	Other (Specify)								
PHYSICIAN:	27. MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	RY WO	PRK?	28d. OEŞCRIBE HOW	INJURY OCCUR	ED						
BY	2 Accident Investigation	N/A	At ham, 417, 41		YES 2 NO	004 1 OCATION (O		Control No.						
	2 Accident investigation 28s. PLACE OF INJURY — At home farm street factory office. 28s. PLACE OF INJURY — At home farm street factory office.													
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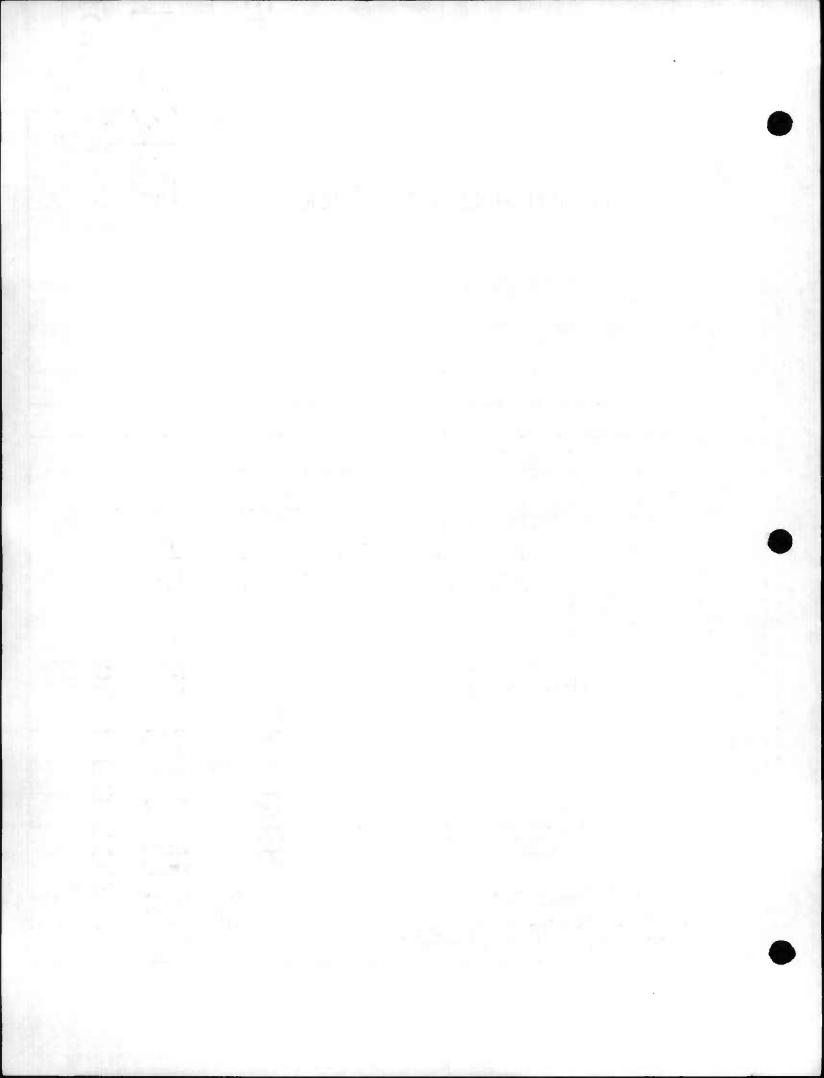
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31. DATE FILED (MONING

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY JOS FON THOMAS PROCTOR Joseph 00 7. DATE OF BIRTH (Month, Day, Year) 1 / 9 / 1 2 5 A. Pages 1, 2, 3 should 8. AGE (in yrs. lest birthday 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 24 HRS. SIRTHPLACE (State or Foreign DAYS MIN ntry) 578 20 2557 1 XM 2 - F 66 Maryland ea COUNTY OF DEATH . FACILITY NAME (If not institution, give 96. CITY, TOWNIOR LOCATION OF DEATH SOUTH PRESIDENCE OF orse DIRECTOR 10b. COUNT 10d. INSIDE CITY Prince George's X X YES 2 NO permit. Maryland Brandvwine FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filed in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 13801 USA Old Indianhead Road 20613 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 3rd Skilled Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE Charles L. Proctor Caroline Proctor 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Tower Road MD 20613 Brandywine pe 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b, PLACE AND DATE OF DISPOSITION (Name 1-12 Burlal 2 Cremation 3 Removal from State
4-12 Constion Tother (Specify) DATE must 3/23/191 Ch Cem Maryland Pomfret examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Adams Funeral Home, P.A. Rd 20608 Annasco Annasco medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line 0 **Onset and Death** IMMEDIATE CAUSE (Final I completely filled irial, cremation, o the disease or condition event, DUE TO (OF resulting in death) burial, traumatic CERTIFICATION een signed by the attending physician and of Health and Mental Hygiene prior to bur Sequentially list conditions, If any, leading to immediate e. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 ☐ YES 2 ☐ NO 1 | YES 2 | NO peen certificate has been the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? marked, this c 1 Natural 8 Pending M 1 YES 2 NO BY After death 2 Accident Investigation OR ATTENDING 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28 is 8 Could not be determined COMPLETED FUNERAL DIRECTOR: within 72 hours after o 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT; If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE D 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) \wedge Rivier $\cdot \mathcal{P}$ MOTI OUL M at REGISTRAR'S SIGNATORS



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ician sertific the S	ΙXS	1 YES 2 NO 1	28a. DATE OF INJURY	3 DOA		iome 5 Analdenca	S Other (Specify) 28d, OESCRIBE HOW	IN HIS COUR		_			
ING PHYSIC After this ce leath with the		1 Natural 5 Pending	(Month, Day, Year)	290. IN	JURY	WORK?	28d. OEŞCHIBE HOW	INJURY OCCUR	EO				
After death	B	2 Accident Investigation	00- D1 005 05 H1 H1DV			YES 2 NO		111 1		_			
TTENDI TOR: A after d	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	iome, tarm,	street, factory, o	ипса	281. LOCATION (Street City or Town, State		tural Houte Number,				
OR ATTENDING DIRECTOR: After hours after death										_			
AL OR A AL DIREC 72 hours 11 item	립	Correct Only	AN: To the best of my knowledge,	seath occun	red at the time, o	date and place, and due	to the cause(s) and me	inner as stated.					
	COMPLET	0/10) 2 MEDICAL EXAMINER:	On the basis of examination and/o	r Investigati	on, in my opinio	n, death occured at the	time, date and place, a	nd due to the co	use(a) and manner as stated.				
TO THE HOSPI TO THE FUNER be filed within		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)	-			
THE THE WPON	BE		5 Canul	all				•	4-1-91				
668₹	임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE OF DEATH (IT	EM 27) /Time	a Deine)				(/ //	_			

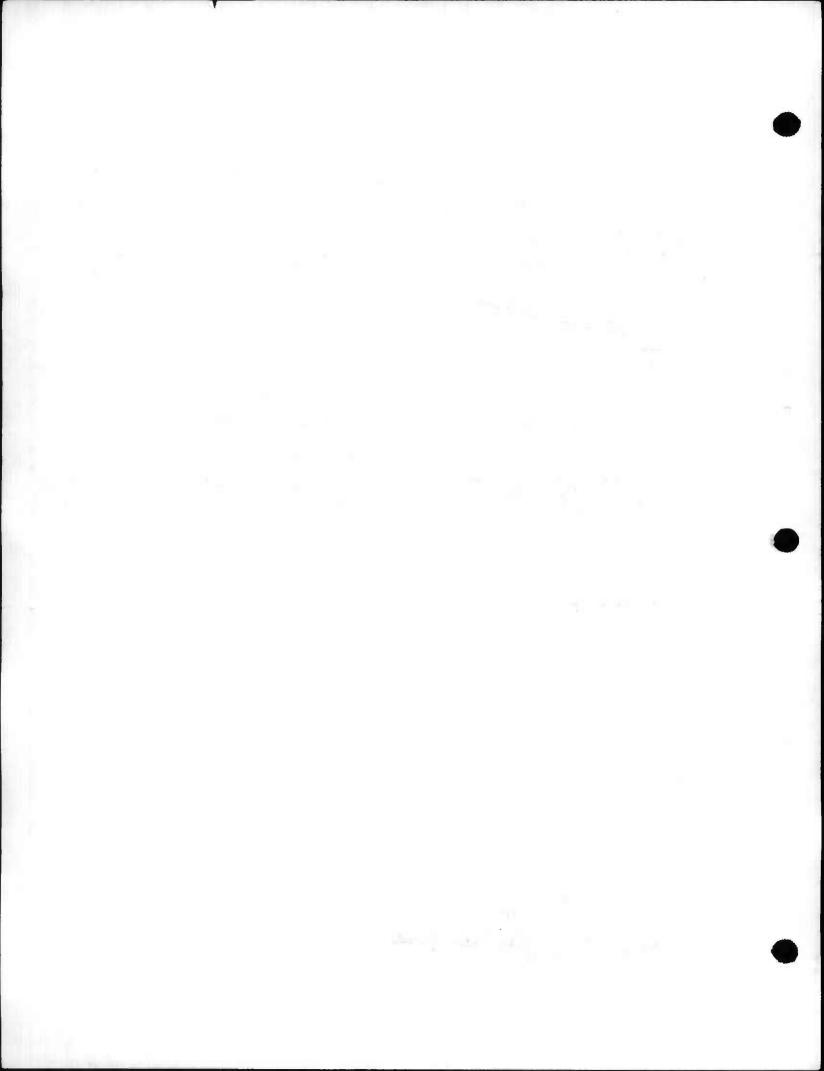
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tanman

32. REGISTRAB'S SIGNATURE FUNDAMENTAL SANDER

31. DATE FILED (Month, Day, Year)

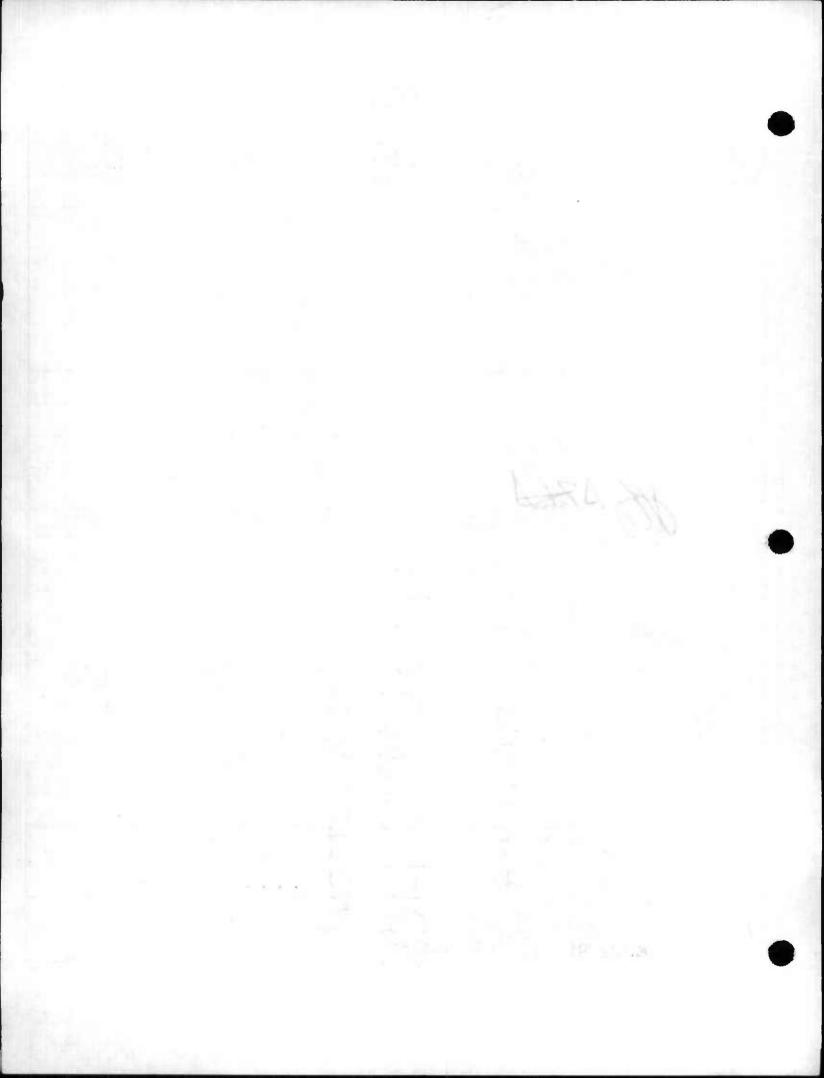
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FOR

91-1498-031
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

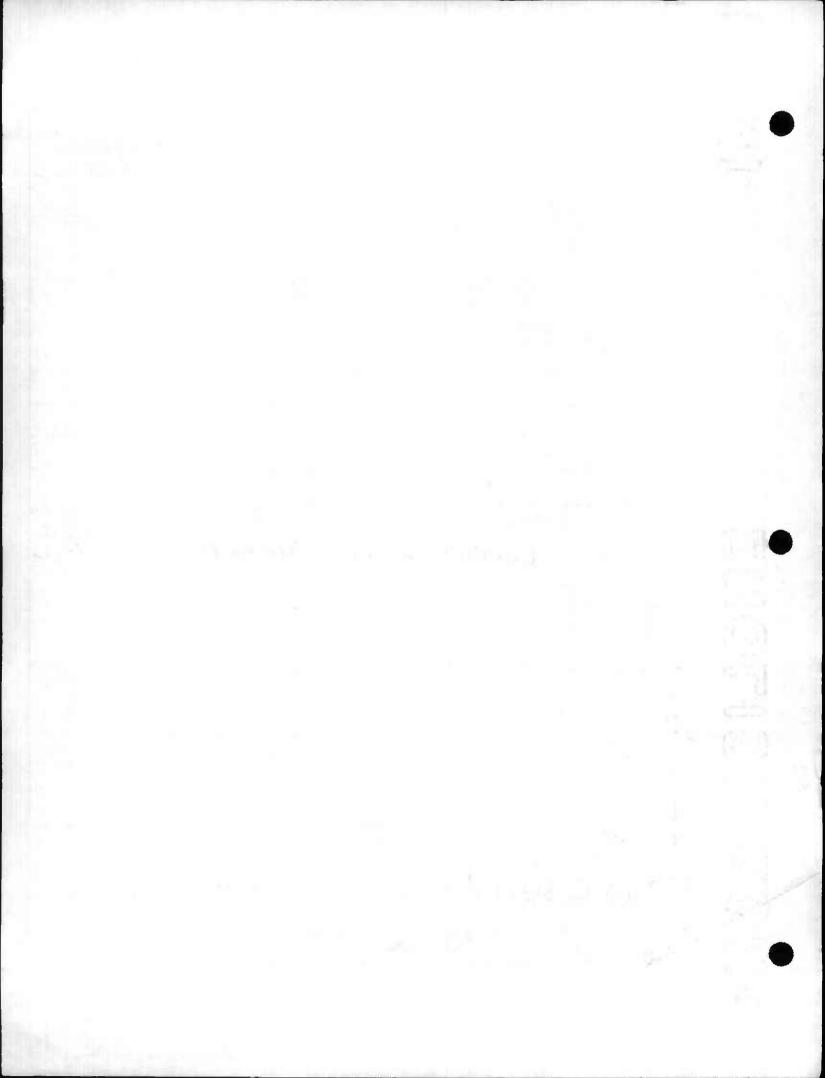
		DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
	Grover		1		erez			3	17	.19		3:10	A
)	4. SOCIAL SECURITY NUMBER N/A	5. SEX 1 [X] M 2 [] F	8. AGE (In y	rs. lest birthday) YRS.	MONTHS.	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 11-	F BIRTH Day: Year) 8-1964	C	ountry)	CE (State or A	breign
LOR	9a. FACILITY NAME (If not institution, given Route #270 N. @		Road				r location of de	EATN		Mont;		ry Co	ınt
DIRECTOR	10a. STATE 10b. COU	NTY Fairfax										I. INSIDE CIT LIMITS?	
FUNERAL C	100. STREET AND NUMBER 2840 Annadale Ro	ad				-	22042			10g. CITIZEN OF WHAT COUNTRY BOLIVIA			NO.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	U.S. ARMED 13. WAS DECENDENT OF HISPA 2 NO 17 yes, specify Cuban, Mexico				NIC ORIGIN? (Specify Yes or No— 14. RACI			Black, W	American Indi hita, etc. Hispan	
TO BE COMPLETED						16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Jewelry Designer					186. KIND OF BUSINESS/INDUSTRY Jewelry		
	17. FATNER'S NAME (First, Middle, Last) Jose Perez		18. MOTHER'S NAME (First, Middle, Meiden Surname) Panfila Uno										
										ie)			
	20a. METHOO OF OISPOSITION 1 & Burlal 2 Cremation 3 8 4 Donation 5 Other (Specify)	amoval from Stata	20b. P	PLACE AND DAT	e of olspo	SITION ace) mete	(Name			chabaml			ia
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		0689	22. N Hom	AME AN	ethesda,	Che	y Cha	se, In	c. 7	557	
N	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	n. List only one ca	Ly	h line.	Zu			en am card	ac or reapir	ratory arrest,	y	Approxin interval E Onset an	Betwe
SICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									^			
PHYSICIAN: MEDICAL	PART II. Other algnificant condi	tiona contributing t	o deeth but	not resulting	in the unc	derlying	g cause given in	Part i.	PERFOR	MED?	AM CO	RE AUTOPSY IN ALABLE PRIOR MPLETION OF DEATH? YES 2	CAUS
SICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 X YES 2 NO	HOSPITAL:	☐ FR/Outpati	lent 3 NA	OTHER 4 Num	:	ACE OF DEATN (C)			scene			
ВУ РНУ	27. MANNER OF DEATN 1 Neturel 5 Pending 2 Accident Investigati	28e. DATE C		285 TI		28c. INJ WO		28d. DE\$	CRIBE HOW IN	Auto/		k Impa	aci
	3 Suicide a Could not detarmine	De building	OF INJURY — g, etc. (Specify	State			•	281. LOCA City o	TION (Street a r Town State) ROU	te 270		e Number,	
O BE COMPLETED	and any	HYSICIAN: To the best of									iuse(a) ar	nd manner as	state
TO BE C	298 SIGNATURE AND TITLE OF CENT	Balle	0	ch			O . C . M				GNED (M	onth, Day, Year 991)
-	MARIO + GOLL	E. JR. 1	MP	111 P	enn S	tre	et Balti	more,	Maryla	and 21	201		
	31. DATE FILED (MORITI, Day, Year) MAR 22 91	32. REGISTI	PAR'S SIGNAT	URE Ande	22								



FOR 1 STATE

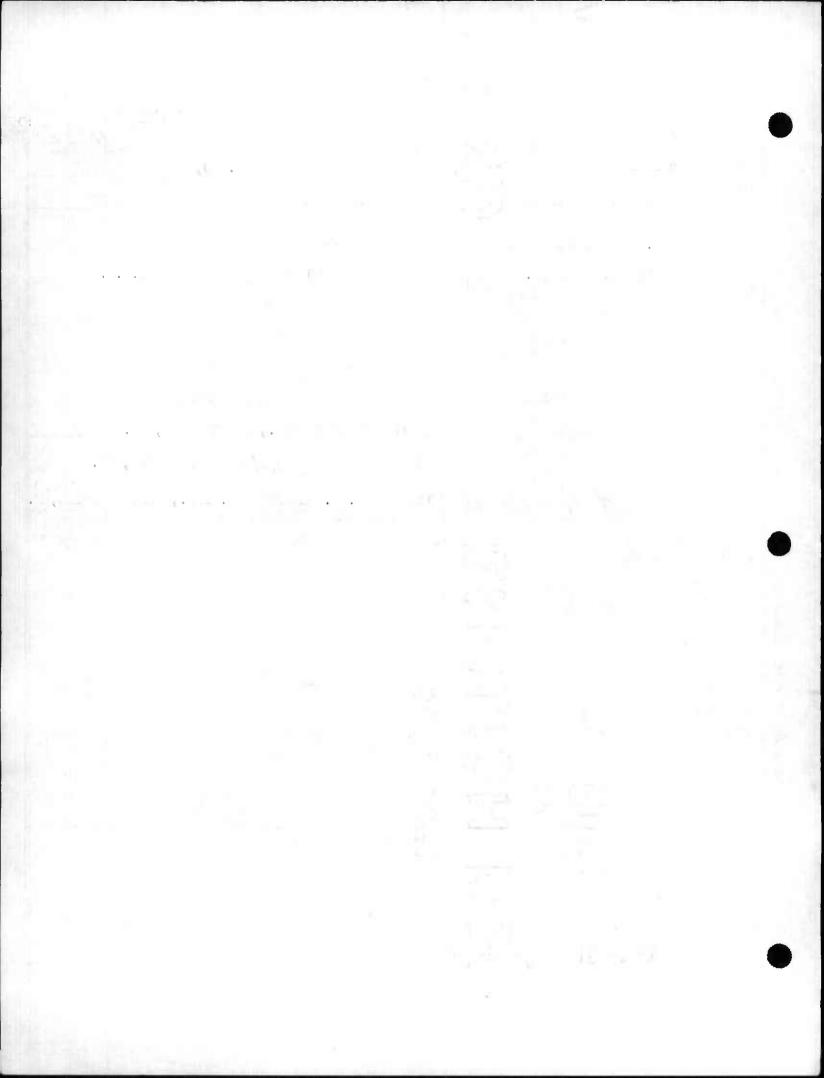
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE O	F DEATH	REG. N	Э.		
	1. DECEOENT'S NAME (First, Middle, Last) Henry R. Po	intek F	IENRY	RICHA	RD PAI	NTEK	2. DATE OF DEATH	DAY) /	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	9	8. BIRTHPL	ACE (State or Foreign
	381-09-4408	1 X M 2 - F	74	YRS.	MONTHS DAY	HOURE MIN.	NOV 24,	1916	Mich	igan
	9a. FACILITY NAME (If not institution, give s	treet and number)	_		9b. CITY, TOW	N OR LOCATION OF DI	9c. COU	c. COUNTY OF DEATH		
DIRECTOR	Suburban Hospita	1			Bethe	esda		Mon	tgome	ry
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10									
E	Maryland Montgomery Bethesda									Od. INSIDE CITY LIMITS? YES 2 X NO
	10e. STREET AND NUMBER	gomery		1000	T	10f. ZIP CODE		1 ☐ YES 2		
FUNERAL	8717 Fallen Oak	Drive			- 1	20817		Uni	ted S	tates
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED			NIC ORIGIN? (Specify)	es or No-	14. RACE -	- American Indian, While, etc.
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1%	R OR DATES		specify Cuban, Mexico ES 2 NO Specif			Specify:	White	
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade		16a.	DECEDENT'S	USUAL OCCUPI work done during ne retired.)	ITION	16b. KIND OF B	USINESS/INI	DUSTRY	
91	Elementary/Secondary (0-12)									
MP		ngineer	Resear							
8	17. FATHER'S NAME (First, Middle, Last)	M: 11		18. MOTHER'S NAME (First, Middle, Malden Su Ann Sitek						
腸	Joseph 19a. INFORMANT'S NAME (Type/Print)	Miller		405 14 4 11 1040	A DODESC CO.	Ann	SILU Route Number, City or R		- 0-4-1	
2	Denise V. McMaho	n (daught	er)				r, Bethes			817
	20e. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem				E OF DISPOSITI				City or Town	
	1 Donation 8 Other (Specify)	oval from State	of cemeta Sub	ary, crematory	g, MD					
4 Donation 8 Other (Specify) Suburban Crematory 3-27 Silver S 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A.										
	Jellin 63	3.661	MO	00827			, Silver S			20910
	23. PART. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	List only one caus	se on each I	Ine.			e Lum		reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	C	OR AS A CON	A CONSEQUENCE OF):						
ERTI	that initiated events resulting in death) LAST	d	ON AS A CON	SECULACE O						
	PART II. Other algorificent condition	ne contributing to	death but no	ot resulting	in the underl	ring cause given in		UN AUTOPSY		VERE AUTOPSY FINDINGS
EDICAL							PERF	ORMEO?	1 0	WAILABLE PRIOR TO COMPLETION OF CAUSE
								20 110	1	OF DEATH?
2	1,0									
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only one)			
PHYSICIAN: M	1 TYES 2 NO	1X Inpatient 2 □	ER/Outpetient	3 🗆 DOA	OTHER: 4 - Nursing I	Iome 5 - Realdence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28s. DATE OF (Month, Da		26b. TIA	JURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OC	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building, o	INJURY — AI etc. (Specify)	home, farm,	street, factory, o	ffice	28f. LOCATION (Stree City or Town, Sta	et and Numbe te)	er or Runal Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS					n, death occured at the				and manner as stated.
H	HO-A CI CO	SOUM	de	4	\supset	D-UCC	534	29d. OA	TE SIGNEO (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WI Horace Bernton,		EOF DEATH		2 - 14	radlev Blv	vd, Chevy	Chase	, MD	20815
	31. DATE FILED (Month, Day, Year)	32. REGISTRAL								
	APR 1 - '91	70.000	other Professional							



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BALLIMO	eath.	funeral
Ď	after d	by the
	24 hours	filled In I
,007	ted within	completely
0	поека	and
202	ficate be	physician
5	ath certif	ttending
HUV,	at the de	by the a
	equires th	en signed
ALH	he law r	has be
2 7	PHYSICIAN: T	this certificate
DIVISION OF VITAL RECORDS, P.O. BOX 88780,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct
	HOSPITAL	FUNERAL

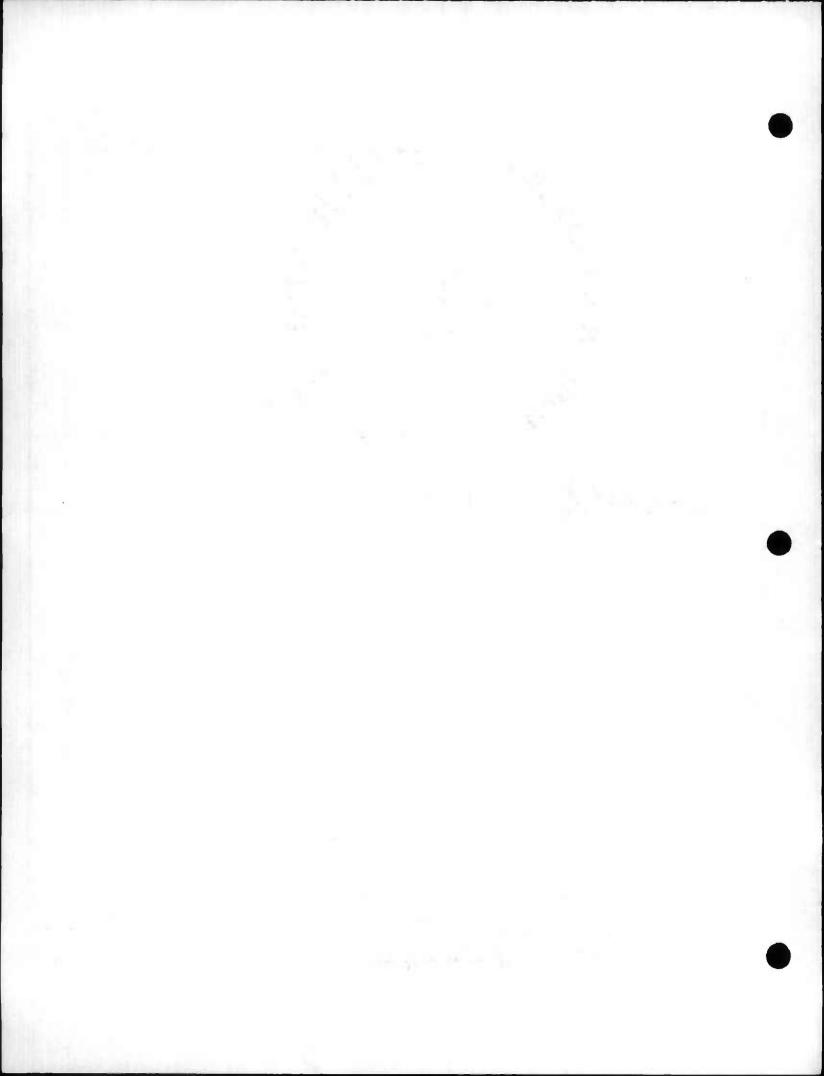
	REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) PERMAN PERMAN 2. DATE OF DEATH 3/30/MONTH								30/9;	EAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	s. SEX		and blotheland	IF UNDER 1	esa Termor	R 24 MRS.	7. OATE OF B	30	9	/	NCE (State or Foreign	
)]	103-16-4855	8. AGE (In yrs. lest birthday) 1 TUNDE! 2 TF YRS. WONTHS			AYS HOURS	MIN.	(Month, Day, Ybar) OCT. 10,1916			Country)			
	9e. FACILITY NAME (If not institution, gi		9b. CITY, T	OWN OR LOCAT	ION OF OEA		_	1916 NEW YORK 9c. COUNTY OF DEATH					
ECTOR	HOLY CROSS HOSPITAL					LVER SE	RING			MONTGOMERY			
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COU			10c, CIT	Y, TOWN OR	LOCATION	CATION					10d, INSIDE CITY	
	MD. MONTGOMERY KENSINGTON									LIMITS?			
										N OF WHA	T COUNTRY?		
FUNERAL	10231 CARROLL PL. 20895 U.S.								J.S.A				
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN 0 FORCES? 1 YES IF YES, GIVE WAR OR DAT			2 X NO If yes, specify Cuben, Mexican					n, Puerto Rican, etc.) Bi			American indian, thite, etc.	
3	15. DECEDENT'S I (Specify only highest gi	(Give kind of v	USUAL OCC	UPATION ing most of work	ing	16b. KIN	D OF BUSIN	ESS/INDUS	TRY			
2	Elementary/Secondary (0-12)	+)	le. Do NOT us		ZTOTO			TOTTO					
COMPLE	17. FATHER'S NAME (First, Middle, Last)			ME A E	R WOR	_	THER'S NAM	NE (First, Middle	NONE Meiden Sur	mame)	-		
		PERMAN				10, 110	SARAI		DOLG				
BE	- A Company of the Co				ADDRESS (Street and Number				ode)			
2	ROBERT PERMAN									, CHEVY CHASE, MD. 2			
	1 Burlet 2 M Cremation 3 Removal from State of cemetary, crematory or other place)							OCATION — City or Town, State					
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	CHL	AMBER	-	MATORY ME AND ADDR	4/]	L/91	RIV	ERDAI	E, N	D.	
	akaki	111.1	1	00091					200			209 SPRING,	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	OR AS A CONS										
MEDICAL CE	PART II. Other algnificent condi	tions contributing to	deeth but not	resulting	In the und	erlying cause	given in i		PERFORMI	ED?	AA CC	ERE AUTOPSY FINE MILABLE PRIOR TO DMPLETION OF CAU F DEATH? YES 2 NO	
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?		1,500		OTHER:	26. PLACE OF	OEATN (Che	ick only one)				-	
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF CEATN 1 Netural 5 Pending 26. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 28d. DESCRIBE NOW INJURY OCCURE										URY OCCU	RED		
	town attends	3 Suicide 6 Could not be determined 266. Could not be determined 266. Specify) 268. PLACE OF MURRY — At home, term, street, factory, office building, etc. (Specify) 269. PLACE OF MURRY — At home, term, street, factory, office City or Town, Street and Number or Rural Ro										te Number,	
ED BY	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. PLACE building	or injury — At I										
ETED BY	2 Accident 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only one) 2 MECICAL EXAL	be d 28e. PLACE building d HYSICIAN: To the best of MINER: On the best of	, etc. (Specify)			nion, death occ	ured at the	time, data and	place, and	due to the	cause(e) a		
COMPLETED BY	2 Accident Investigati 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only	HYSICIAN: To the best of	, etc. (Specify)	or investigation	on, in my op	nion, death occ	ured at the	time, data and	place, and	due to the	cause(e) a	On You	
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only one) 2 MEDICAL EXAL 29b. SIGNATURE AND TITLE OF CERT	Be 28e. PLACE building the MYSICIAN: To the best of MINER: On the best of MINER: ON the	my knowledge, examination end/c	FEM 27) (Type	on, In my opi	nion, death occ	ured at the	time, data and	place, and	due to the	cause(e) a		



ADD OR 'C

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH Clina April 7:50 1 -Ouise 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR # UNDER 24 HRS. 1 - M 2 X F 9c. COUNTY OF DEATH 9s. FACILITY NAME (If not institution, give stree Washington count STOWN DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pages 10a. STATE 10b. COUNTY Hag STOWN washington 1 X YES 2 - NO permit. 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER Uniteditates 5ide ave. funeral director, page 5 should be detached for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2/ 2/X NO BALTIMORE, MARYLAND 21203-3146 1 Never Married 2 Married 1 TYES 2 NO Specify white BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION ecily only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) none none not Knovn 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) netavailable available not notified at BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 Hag. 284 21 90 20s. METHOD OF DISPOSITION
1 Dentil 2 Cremetion
4 Dentilon 5 Control 20c, LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cre must Rose Hill Cemetery Hagerstown, Maryland on 5 C Other (Specify) 22. NAME AND ADDRESS OF FACILITY examiner RE OF FUNERAL SERVICE LICENSEE Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland and completely filled in by the burial, cremation, or removal. the medical or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, 23. PART I. Enter the diseases, **Approximate** Interval Batween shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition ARTherioschoope heart nisean OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, BOX 13146, hyperlip; demia prior to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): certificate has been signed by the attending physician in the State Dept. of Health and Mental Hygiene prior to 1, or item 23 shows any Injury, or other traum CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in dasth) LAST P.O. DIVISION OF VITAL RECORDS, 24a, WAS AN AUTOPSY PERFORMED? PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 TYES 2 NO ne 5 - Residence 6 - Other (Specify) 4 - Nursing Ho 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28c. INJURY AT 28d. DEȘCRIBE HOW INJURY OCCUREO After this ce death with t marked, 1 X Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) DIRECTOR: Aff hours after de-Item 28 Is r 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only Certifying PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated FUNERAL I = HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 77
IMPORTANT: 1 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occ BE ardani 2 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CRESTWOOD 4c/sTown ardani



> > Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

115-A LaGrange Ave., POB 591, LaPlata, Maryland 20646

REG. NO.

			1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH	
		- 1	Helen Ril	ev	Pos	ev					March 2		991	10:10 P.	
	1	- 1	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday		R 1 YEAR	IF UNDER	24 HRS.	7, DATE OF BIS (Month, Day,	RTH	8. BIR	THPLACE (State or Foreign	
- (PI		214-18-8806	1 🗆 M 2 🖵 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	9-22-			rginia	
1	ppoor		Se. FACILITY NAME (If not institution, give s	street and number)	, -		9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE			COUNTY OF		
	2	84	Dhysicians Momo	minl Hoc	mital			LaP1	ata				Char	Charles	
	1, 2,	DIRECTOR	Physicians Memo		higi								Criti-1		
	30es	R	10s. STATE 10b. COUNT				ITY, TOWN							10d. INSIDE CITY LIMITS?	
	if. P	- 10-	Maryland Char	Les		Lr	ndian	_						1 YES 2 NO	
	E .	₹	10e. STREET AND NUMBER						1. ZIP CODE	Ē			10g. CITIZEN OF WHAT COUNTRY?		
9	ansit	ÿ I	58 Mattingly Ave	12. WAS DECEDE					0640				U.S.A.		
1203-3146	the burial-transit permit. Pages	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	13	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.)				No 14. RA	CE American Indian, ack, White, etc.					
21203-3146	200	À	IE VEC CIVE WED OD DATES						3 2 ∑ NO	Specif);		Sp	white	
3-3	as		15. DECEDENT'S EDU	ICATION		16a, DECEDENT	'S USUAL	OCCUPATI	ON		16b. KIND	OF BUSINE	SS/INDUSTRY		
20	nse.	ETE	(Specify only highest gred	e completed)		(Give kind o	of work don	e durina m	ost of worldr	ng					
D 212 ospital or hed for	21	Elementary/Secondary (0-12)	College (1-4 or 1	5+)	Homer	naker									
2 3	detache	COMPL	17, FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	AME (First, Middle,	Maiden Sun	name)		
Y	YLAND I by the hospit d be detached at an once.	_	Carroll Thomas	Rilay							Estelle				
MARY retained 5 should notified	8	19a, INFORMANT'S NAME (Type/Print)	RITE		19b. MAILII	NG ADDRE	SS (Street			Route Number, Ch					
	2	Elwood C. Posey			200		11277			dian He			640		
		- 1	200. METHOD OF DISPOSITION		20b.	PLACE OF DISP							ION — City or		
HC S	must		1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State		other place) rinity						Waldo	rf, Ma	aryland	
BALTIMORE,	the funeral director, wal. It examiner must		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		TIMELY			ND ADDRE						
5 §	funeral direxaminer		× 01 100	11.							eral Ho	-	nc.		
BA	the fr		Walter & to	Klynn	>						Maryla				
A Silver			23. PART i. Enter the diseases, or shock, or beart fellure.				not ant	er the m	ode of dy	ing, suc	ch as cardiec (or reapirate	ory arrest,	Approximate interval Between	
			immediate Cause (Final disease or condition Cause where the condition Cause where the cause of									Onset and Deat			
9	120 400		resulting in death) a.												
46,	completely ial, cremati event, t	1	DUE TO (OR AS A CONSEQUENCE OF):												
13146,	and com burial,	3	Sequentially list conditions,	b			4								
	6-21	CERTIFICATION	Bue to (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING												
	hysicia e prior or trau	5	CAUSE (Disease or Injury	C	m /OD AS A	CONSEQUENCE	OR:			-					
O. BO	nding phy Hygiene p or other	Ë	that initiated events	DOL	10 (OI AS A	CONSCOULTER	. 01).							İ	
P.	5 - 5	版		d											
S,	y the attended Mental		PART II. Other significent condition	one contributing	to death b	ut not resultin	g in the	underlyi	ng cause	given in	Part i. 24s.	WAS AN AU		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
ECORDS	n a b	MEDICAL	Centimula U	endent	- h	Not 1	Lem	ple	y4 -		1	YES 2	-11	COMPLETION OF CAUSE OF DEATH?	
္ပ	Sign Hea		aunt & Chin	m. Pa	turn	Jan			0					1 TYES 2 NO	
000	- 5 G		Surme Be	serden	- (Inew		Ly	mut	-	_				
. 1	2 Se a	₹	25. WAS CASE REFERRED TO MEDICAL					26.	PLACE OF I	DEATH (C	heck only one)				
VITAL	2 % 6	S	EXAMINER? 1 YES 2 NO	HOSPITAL:	2 ER/Outp	etient 3 🗌 DO/	OTH 4 D		me 5 🗆 R	lesidence	6 Other (Spi	ecify)			
OF VI	certificate h the State I, or Item	PHYSICIAN:	27. MANNER OF DEATH	26a. DATE	OF INJURY	28b.	TIME OF	28c, 11	JURY AT		· ·		URY OCCURED)	
	this with		1 Netural 5 Pending Investigation	200	, Day, Year)	1	INJURY		YES 2	□ NO					
N	4 0 m	B	2 C Substantin	28e. PLACI	E OF INJURY	At home, fan	m, street, f	actory, off	Ice		28f. LOCATIO	N (Street and	Number or Ru	ral Route Number,	
SIC		ETED	4 Homicide 6 Could not be determined	bullder	ng, etc. (Spec	cny)					City or Tox	wn, State)			
DIVISION	DIRECTOR: hours after them 28 Is	Ш	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	12 Z	MP	(Check only											se(s) and manner as stated.	
	TO THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 H	COMPL			- exeminado	a andror investig	min income	y opinion,							
	PORT	ш	29b. SIGNATURE AND TITLE OF CERTIFI	ER	18	1				CENSE NU		2	ed. DATE SIG	NEO (Month, Day, Year)	
	202	0 B		10	009	ruly			D-1	0100	9		7	74-41	
		F	30. NAME AND ADDRESS OF PERSON W	THO COMPLETEO C	AUSE OF DE	ATH (ITEM 27) (7	jype, Print)								

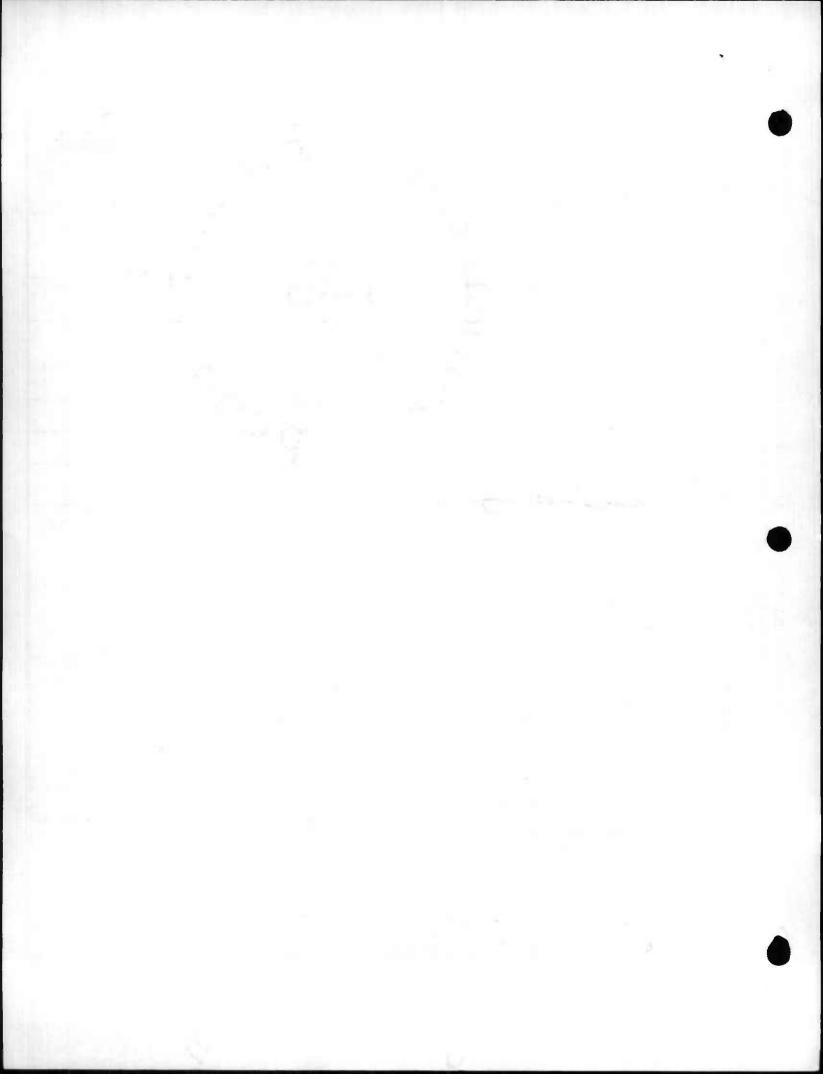
32. REGISTRAR'S SIGNATURE
Lika Savidson-Rands 18

Henry L. Burke. MD.

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
1. DECEDENT'S NAME (First, Middle, Last) PATRICIA ELEANOR	PHILLIPS			2. DATE OF D	EATH 103	19	97541	3. TIME OF DEATH 8:10pm					
4. SOCIAL SECURITY NUMBER 304-30-9752	5. SEX 6. AGE (/		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day 3-1		- 1	Country)	inois				
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB, MD PRINCE GEORGES													
10a, STATE 10b, COUNTY	LIMITS?												
Md. P.G. Upper Marlboro													
106. STREET AND NUMBER 9714 Wyman Way 107. ZIP CODE 109. CITIZEN OF WH 20772 USA													
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Control of the Control													
t Never Married 2 Merried 3 Midowed 4 Divorced	n, Puarto Hican /:	, atc.)	Specify: White										
tS. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
Elamentary/Secondary (0-t2)	College (1-4 or 5+)	life. Do NOT use re	stired.)	oot or morning			n Hoi						
1.2	0	Home	maker										
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)													
Joseph Paul Ella Banks													
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
Danny Phillip		Sam PLACE OF DISPOSITI		10a-10f	•	00-100	ATION C	No. o. Tou	Otata				
1 [X-Buriel 2 Cremation 3 Remo	val from State	Resurre	ection	Cemete		20c. LOCATION — City or Town, State Clinton, Md.							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735													
23. PART L Entar tha disasses, Dr Ci	pmolications that cause	the death. Do not							Approximate				
shock, or haert failure. L				,g,				,	interval Between Onset and Death				
IMMEDIATE CAUSE (Finel disease or condition	CARDIOPU	LMONARY FA	AILURE						Onset and Destin				
resulting in dasth)	OUE TO (OR AS /	CONSEQUENCE OF):							+				
	BIVENTRI	CULAR HEAR	RT FAI	LURE S/P	TRIPLE	VAL	VE						
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury one to (or as a consequence of): REPLACEMENT OUE TO (or as a consequence of):													
that initiated events resulting in death) LAST	J	CONSEQUENCE OF J.											
PART ii. Other significant conditions	contributing to death t	out not resulting in	tha underivi	na ceuse alven in	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS				
					PERFORMED?			MAILABLE PRIOR TO COMPLETION OF CAUSE					
								OF DEATH?					
					- 1				1 TES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	neck only one)								
EXAMINER?	HOSPITAL:		THER:	me 5 🗆 Rasidenca		necify)							
27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME C	OF 28c. II	JURY AT	28d. DESCRI		NJURY OCC	URED					
t Natural 5 Pending (Month, Day, Year) INJURY WORK?													
- Account									I Number or Rural Route Number,				
4 Homicide determined													
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated. CERTIFYING PHYSICIAN: To the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNA MARCI									Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MALCOLM GROW USAF MEDICAL CENTER													
SUSAN C BRUNSELL, CAPT, USAF, MC ANDREWS AFB, MD 20331-5300													
MAR 2 1 '91 Julia Davidson-Randalle													

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

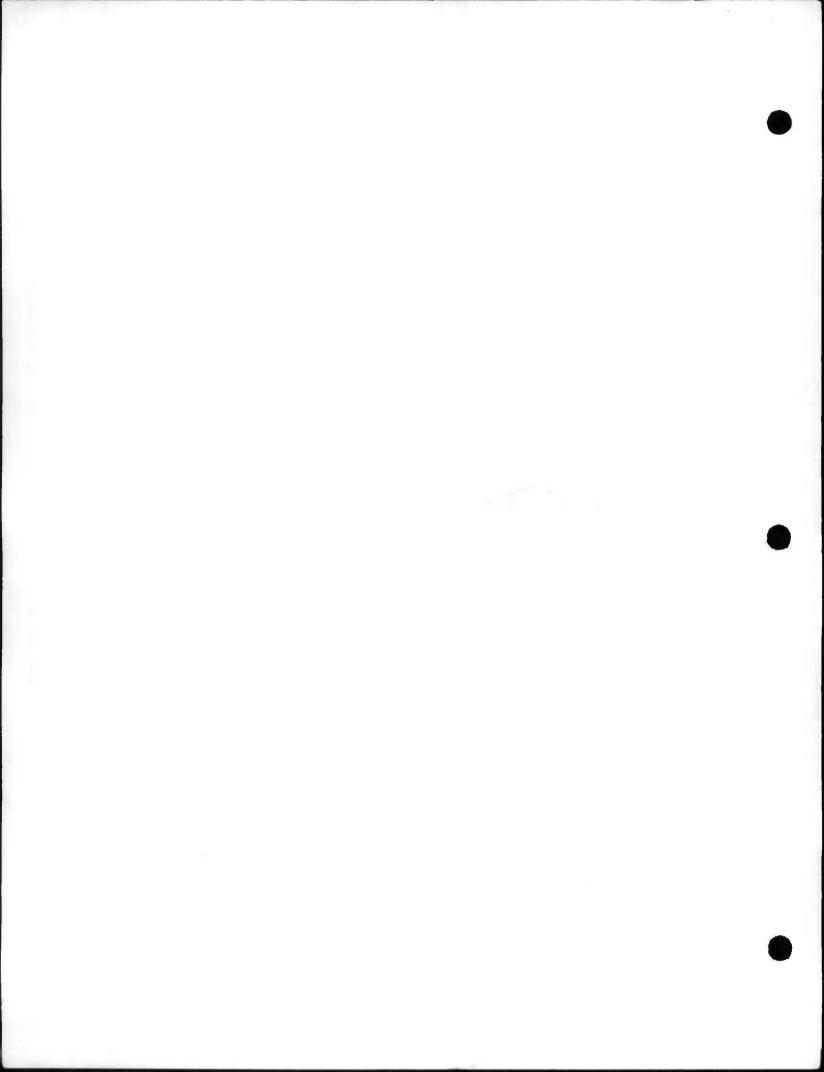
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE HISPITAL OF MITENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. Page 6 may be retained by the hospital or attention physician.

TO THE PHYSICIAN: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 2 minute and eath with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

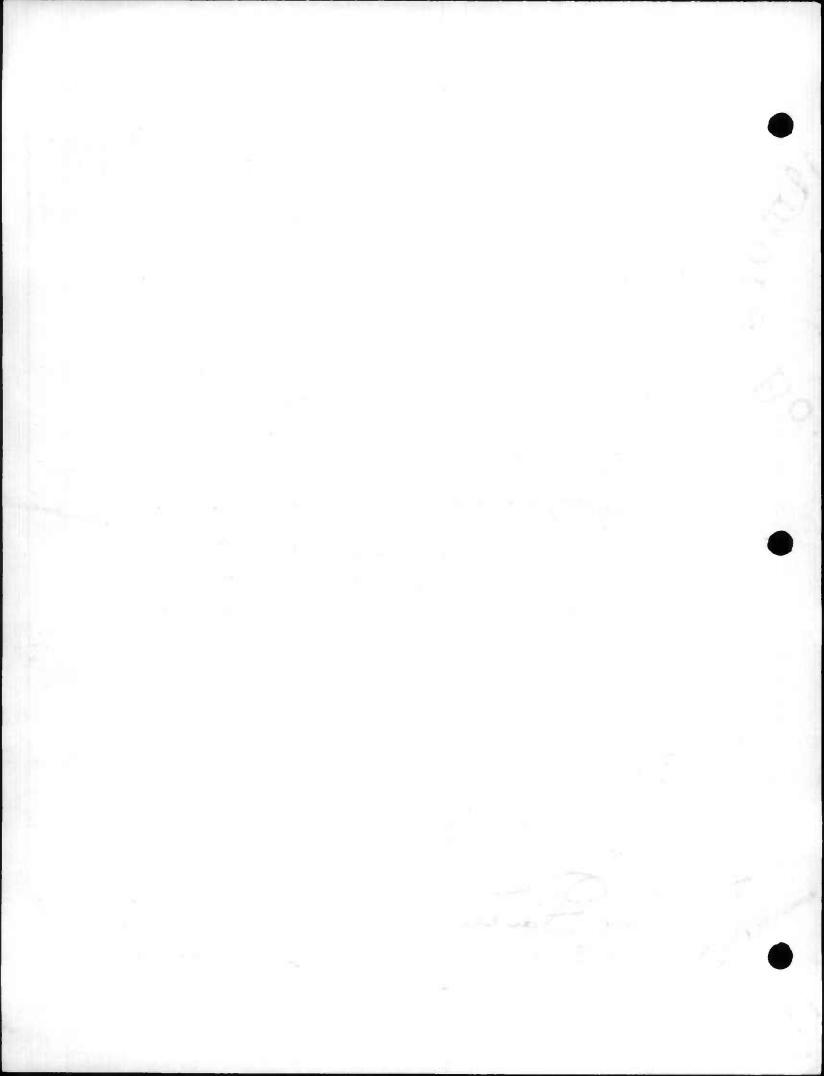


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

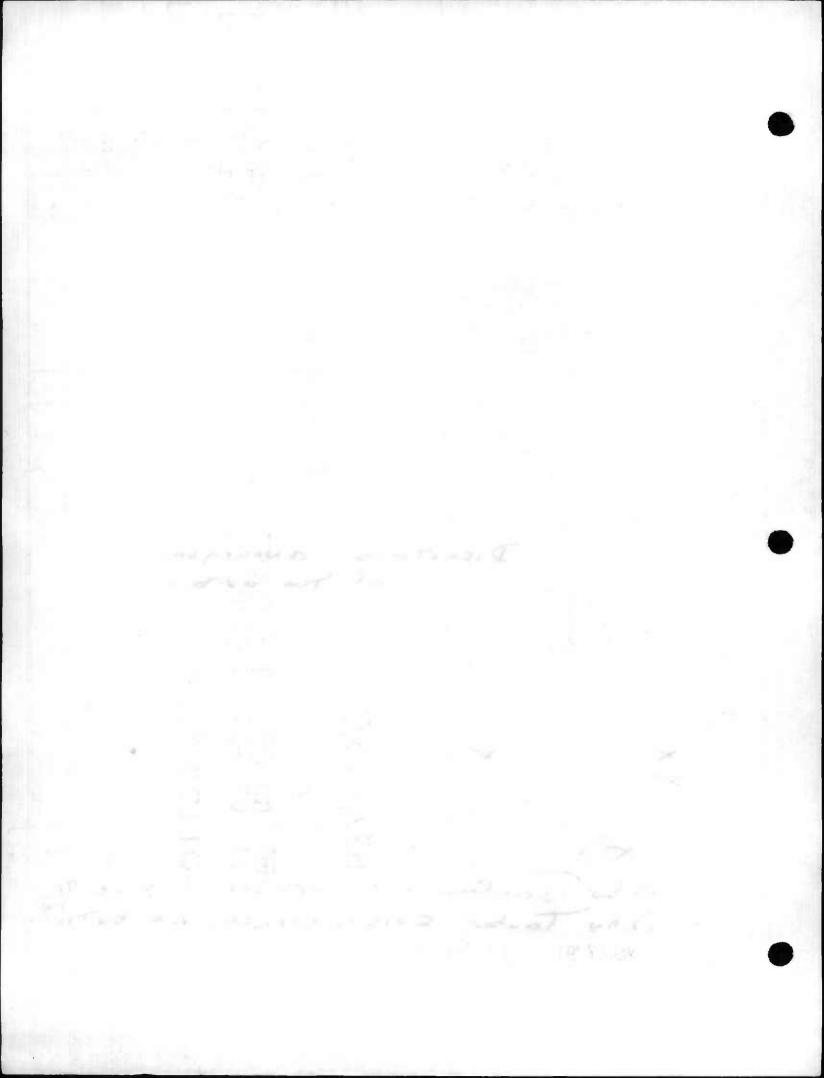
													-				
FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle (List) RICHARD L. PORTER 29.19											MENO.		OF DEATN			
	RICHARD						March 29,1991					2:26 p					
	4. SOCIAL SECURITY NUMBER	Pl .	5. SEX 8. AGE (In yrs. la.			t birthday) IF UNDER 1 YEAR MONTHS DAYS			HOURS	R 24 HRS.	(Month. Drv. Year)				8. BIRTHPLACE (State or Foreign Country)		
	005-36-1056	5-36-1056		9M2□F 52		YRS.		L	1100110		July 27,19		38_	New	York	City	
	9e. FACILITY NAME (If not institution, give street end number)						96. CITY, TOWN OR LOCATION C				DEATH 9c. COUP				NTY OF DEATN		
	SUBURBAN HOSPITAL BETHESDA										MONTGOMERY						
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						OWN O	LOCA	TION						10d IN	SIDE CITY	
															LIN	HTS?	
	Maryland Montgomery 10e. STREET AND NUMBER					Chev	у с		S E M. ZIP COO)E	10a CITIZE				1 Y YES 2 A		
	5500 Friends	IN U.S. ARMI	2081.5 D 13. WAS DECEMBENT OF N					IIC OBIGINS (S	or No-	U.S.A. r No- 14. RACE — American Indien							
	1 Never Merried 2 M	FORCES?	FORCES? 1 YES 2 NO			If yes, specify Cuban, Me:				Ican, Puerto Rican, etc.)			Black, White, e Specify:		etc.		
	3 Widowed 4 Divorc	IF TES, GIVE	IF YES, GIVE WAN ON DATES				1 Nes 2 No Specify:					White			e		
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										DUSTRY						
TO BE COMPLETED	(Specify only / Elementary/Secondary (0-1	life. D	kind of work to NOT use n	etired.)	unng m	iost or work	ing										
		Voca	tiona	al 1	rai	inee		Han	dica	apped	Cer	ter					
	17. FATNER'S NAME (First, Mid						THER'S NA	S NAME (First, Middle, Maiden Surname)									
	Michael H.	Porte	er						Ru	ith G	oldhag	en_					
	19e. INFORMANT'S NAME (Typ	e/Print)			19b.	MAILING AD	DRESS	(Street	end Numb	er or Rural I	Route Number, (City or Tow	n, State, Z	ip Code)			
	Ruth Porter	(Mo	other)	-	55	00 F1	rier	idsh	hip I	Blvd.	Chevy	Cha	ise,	MD.	208	1.5	
	20e, METHOD OF DISPOSITIO		mount from Stills	20	b. PLACE Of	F DISPOSITI							CATION -				
	1 Donation 5/D Other (S	Specify)		M	lount							Ale	. x.	/A.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSAL 22. NAME AND ADDRESS OF FACILITY																
	Joseph Gawler's Sons, Inc. N.W.													20016			
	5130 Wisconsin Ave., Wash, D.C., 20016 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxima														pproximate		
	shock, or her	art fallura	List only one ca							,,					le le	nterval Bet	
į	IMMEDIATE CAUSE (Fine disease or condition	il			cur	-0-			(7 -	7	T.				Trade and	
	reaulting in desth)	*	a. DUE TO		A CONSEQU	-					1.0	1	-	_	-		
					() (ON	ra_v	-		a	Jan H	کسرز	_		1		
CALION	Sequentially list condition		bDUE TO	O (OR AS	A CONSEOL				1				7				
₹	if any, leading to immed cause. Enter UNDERLYIN		· Le						ea	20		`					
임	CAUSE (Disease or Injur- that initiated events	A CONSEQU	QUENCE OF):														
ERTIFIC	resulting in death) LAST																
ပျ	DART II ON THE INTE	A MAI		- discale	had a star	College of the	44	at a state of	U. 200		Deat la	10000 00			A MERC	LINABOV PINE	
MEDICAL	PART II. Other algolitican	but not re	eulting in	deriyii	ng cause	given in	PBIL 1. 24	PERFORMED?				24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL					
											— l¹	1 TYES 2 NO			OF DEA		
														ES 2 N			
Ž																	
BY PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER		PLACE OF	DEATH (C)	(Check only one)						
	YES 2 NO		1 Inpatient 2		·					Residence	6 Other (S		IN II II III O	CCURED			
	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year)					26b. TIME (W	NJURY AT		28d. DESCRIBE NOW INJURY OCCURED						
	2 Accident Investigation										261. LOCATION (Street and Number or Rural Route Number,						
O.	3 Suicide 6 Could not be 4 Nomicide determined						ne, farm, street, factory, office					City or Town, State)					
ETE									_			_	_				
MPLET	Check only	FYING PNY	SICIAN: To the best	of my kno	wiedge, des	th occurred	at the t	lme, da	rte end pla	ce, end du	e to the couse	(e) end ma	enner as s	tated.			
CON	one) NEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner as													nenner sa sti			
ш	29b. SIGNATURE AND TITLE OF SENTIFIER						29C. LICENSE				MBER	29d, D.	I, DATE SIGNED (Month, Day, Year)				
00	Toll laster					0) Do				8240 13				29-9		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													Du- 1			
	Dipu		Taul	Ser		9	-2	-(3	8 4	22 2	Coms	wi		DU	2		
	31. DATE FILED (Month, Day,)		32. PERIST	RAR'S SIG	SNATURE Y	Dands on											
	APR 1 -		guh	- Davi	Idson-	andere	40										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiletely filled in by the funeral director, page 5 should be detache		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	HT CL	H C	be file	IMPO

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	E	03020			
	1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH		3. TIME OF DEATH			
		MAR:		UNDER 1 YEAR	IF UNDER 24 HRS. 7	MONTH DA	6 9				
		S. SEX 1 M 2 F 8. AGE (III	O. E.	8. BIRTHPLACE (State or Foreign Country) POLAND							
	9a. FACILITY NAME (If not institution, give street	institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE									
FUNERAL DIRECTOR	Holy Cross	Hospita'	1 5	1/ver	Soring 1	WD	2	vorte na			
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
ā			Krak	ow, Po	oland			1 🔀 YES 2 🗌 NO			
₹ I	100. STREET AND NUMBER RZEZNICZA 6/6				31-540			OF WHAT COUNTRY?			
NE		12. WAS DECEDENT EVER IN	II S ARMED		ENDENT OF HISPANIC	OBIGIN2 (Specify Van	Polar	RACE — American Indian,			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, spe	city Cuban, Maxican, 2 XNO Specify:			Black, Whita, etc. Specify: White			
	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S USL (Give kind of work	done during mos		16b, KIND OF BUS	SINESS/INDUST	RY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewife	tired.)		Own Hoi	mo				
M	17. FATHER'S NAME (First, Middle, Last)		LIDUSEMII		16 MATUED O NAME	(First, Middle, Maiden					
ö		Giza			Anna		lanta				
8	19a. INFORMANT'S NAME (Type/Print)	A also des CA	19b. MAILING AD	DRESS (Street a	nd Number or Rural Rou			de)			
5	Anna Maria Hayes	(daughter)	2806 M	ozart [Drive, Si	lver Spri	ng, MD	20904			
	20g. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State 20b.	PLACE AND DATE OF	other place)			cation - city akow, F				
	21. SIGNATURE OF FUNERAL SERVICE LICEN		odgorski	22 NAME AN	ID ADDRESS OF FACIL	ITV		Ulanu			
	· Sillie	B. Elet	M00827		Funeral Sist Ave,			MD 20910			
	23. PART I. Enter the diseases, pr con shock, or heart fellure. Lie			enter the mo	de of dying, such	es cardiec or respi	ratory srrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Dis	ectu	>	an	eury s	m	Onset and Death			
	_	DUE TO (OR AS A	CONSEQUENCE OF):	7	Trus	too	_				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		, , ,	0.0.					
-ICA	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):								
HTI	that initiated events resulting in death) LAST		,								
	PART II. Other significant conditions	contribution to death by	it ant consistent to t	ha undarlida	n eeuro abasa la D	ert I. 24e, WAS AN	AUTORON	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL			at not resulting in t	no underlying	y couse given in re	PERFOR	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Chec	k only one)					
SIC	EXAMINER?	HOSPITAL:		THER:	e 5 Residence 6	Other (Specify)					
	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 26c. INJ WO	PRK?	28d. DESCRIBE HOW	NJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, streetly)			28f. LOCATION (Street City or Town, State)		Rural Route Number,			
COMPLETED	CONTROL OTHY	AN: To the best of my knowle On the basis of examination						euse(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIET	- Ru	Vere .	7	29c. LICENSE NUMB	DER WE	29d. DATE SI	IGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	-		614	N. A	E THE			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE .	- 4	ISCON	75/1/	200	150 1 W 200			
	MAR 27 '91	Julia Dav	idson Randal	2							



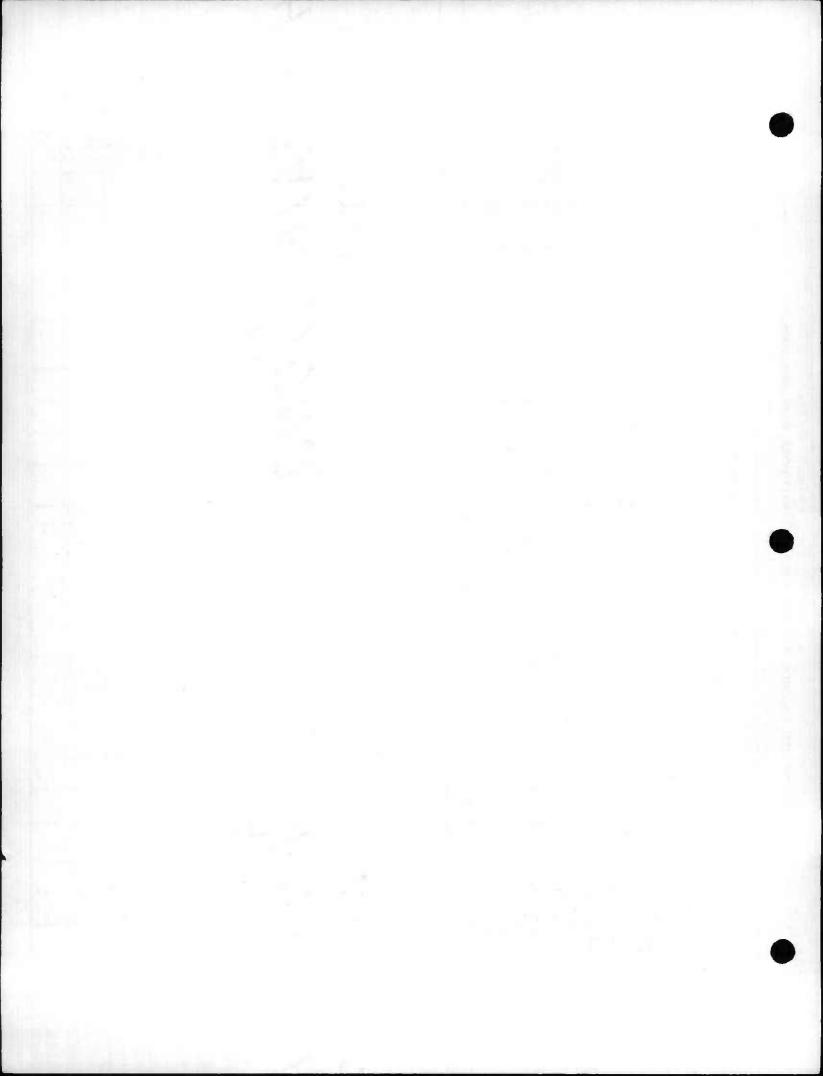
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or attending physicial	canours after death. Page 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial- on, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he medical examiner must be notified at once.

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYG	_	1 09826				
1. DECEDENT'S NAME (First, Middle, Last)		0=::::::		DEMIN	2. DATE OF DEA	TH	3. TIME OF DEATH				
BLAINE	I.	PHEBU	S		MARCH	26. 19	991 8:00 A.M				
4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In yrs. lest birthday)	F UNDER 1 YEAR	1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE							
577-05-1842 9a. FACILITY NAME (If not institution, give stree	Λ	77 YRS.	DAYS	HOURE MIN.		, 1913	1913 MARYLAND				
UNIVERSITY NURS			WHEAT				NTGOMERY				
10a. STATE 10b. COUNTY		10c. CITY, T	TOWN OR LOCAT	ION			10d. INSIDE CITY				
MARYLAND 10e, STREET AND NUMBER	MONTGOMERY			SPRING		10n CITIZ	1 VES 2 NO				
10012 MARKHAM	STREET		45		20901		USA				
	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ND	If yes, spi	ENDENT OF HISPA	NIC ORIGIN? (Speci an, Puerto Rican, et		14. RACE — American Indian, Black, White, etc. Specify: WHITE				
15, DECEDENT'S EDUCAT	ION	16s. DECEDENT'S US			16b. KIND O	F BUSINESS/INDU					
(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo etired.)	at of working							
10		DRIVER			EMB.	ASSY DA	AIRY				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, M	laiden Surnama)					
	EBUS			FLORE	NCE V.	BI	ROOKEY				
19a. INFORMANT'S NAME (Type/Print)					Route Number, City of						
MARY NEOMA PHEBUS	(WIFE)	10012 M	ARKHAM	STREET,			MARYLAND 20901				
20a. METHOD OF DISPOSITION 1 Denition 1 Denition 2 Denition 3 Denition 3 Denition 3 Denition 4 Denition 5 D	of from Ctoto	other place) OLIVET				DE. LOCATION — C REDERICE	K, MARYLAND				
21. SIGNATURE OF FUHERAL SERVICE LIGHT			22. NAME AN	D ADDRESS OF FA	CILITY						
► EV. 1/5/	r V						OME, INC.				
23. PART I. Enter the diseases, or con	nolications that causes	the deeth Do not	enter the mo	de of dylan au	b as cardiac or	o, DIL.S	SP., MD 20901				
shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	- 12	VE J	SPS 15			Interval Between Onset and Death 12 h				
PART II. Other algnificant conditions of the con	F RENE	TU DI	BAIE	g cause given in	PI	AS AN AUTOPSY ERFORMED? 2ES 2 D NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL	ing Her		LUR 28. PI	ACE OF DEATH (C	heck only one)		<u> </u>				
	HOSPITAL:	entient 3 DOA 4			6 Other (Specif	VI					
27. MANNER OF BEATH 1 Natural 8 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJ			HOW INJURY OCC	URED				
2 Accident Investigation 3 Suicide 8 Could not be datermined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre			281. LOCATION (S City or Town,		or Rural Route Number,				
298. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my know On the besis of examination				e time, data and pla	ice, and due to the	ed. e cause(s) and manner as stated. SIGNED (Month, Day, Year)				
In h /n	leten his			1)11	1485	1 /	MARCH 26 FAI				
30. NAME AND ADDRESS OF PERSON WHO	m) &	(erice)	7 5	ILVON	(PRINC	(1) 2091 a				
MAR 28 91	32. REGISTRAP'S SIGN	ATURE									



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

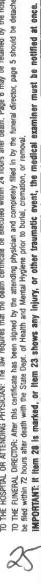
۱ -	FOR STATE REGISTRAR
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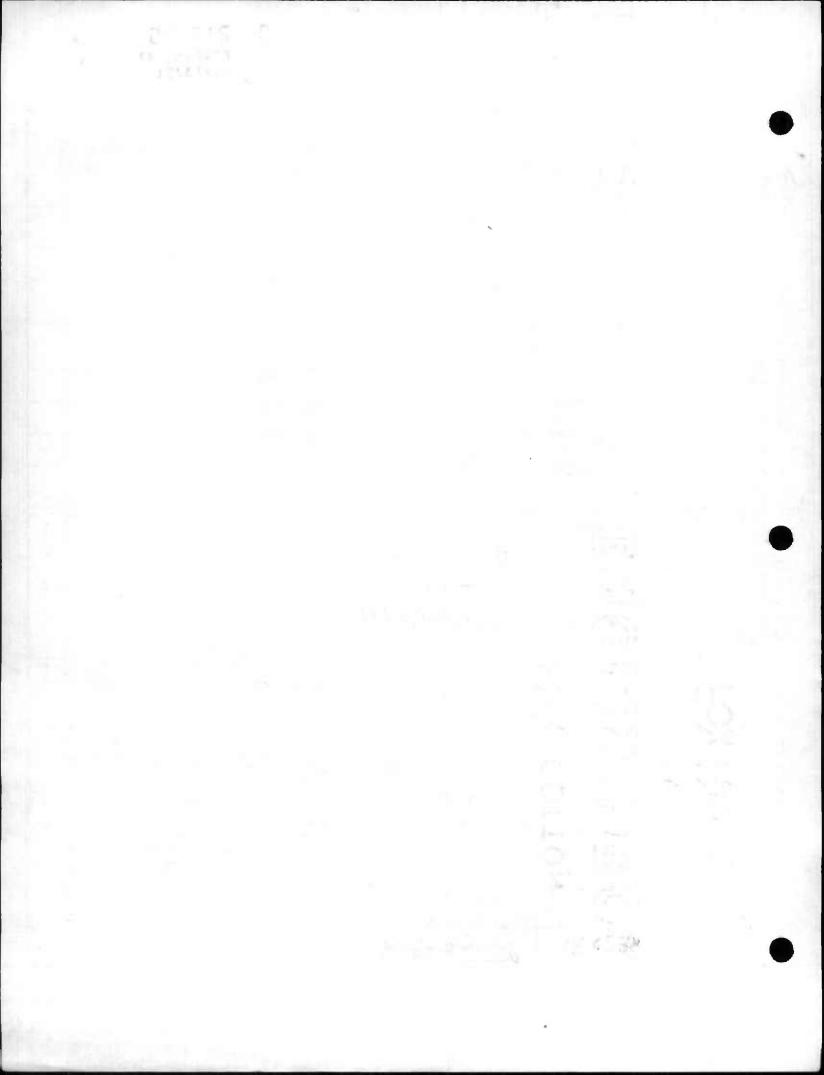
	1 - STATE OF STATE OF	MARYLAND / DEPA CERTII		OF HEAL OF DE		MENTAI	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) CREALIA R. Pixtor	1				2. DATE MONTE	OF DEATH	6	YEAR ?	3. TIME OF DEATH 2.05 AM			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\triangle M \) 2 \(\triangle M \)	6. AGE (in yrs. last birthday, F YRS.	MONTHS	DAYS HOU	NDER 24 HRS.	(Month	OF BIRTH II, Day, Year)	4	Country	LACE (State or Foreign			
OR	90. FACILITY NAME (If not institution, give street and number) Circle Manor NSq Hos	ne		Montgomera G									
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	10d. INSIDE CITY											
	Md. Montgom	eous	SIL		SPRING	3	-			LIMITS?			
FUNERAL	10,000 BRUNSWICK AVEN	III E		10f. ZIP	0910					IAT COUNTRY?			
UNE	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. ARMEO		WAS DECENDE	NT OF NISPA				JSA 14. RACE -	- American Indien,			
BY		1 YES 2 NO		f yes, specify (Rican, etc.)		Black, Specify	WHITE			
COMPLETED	15, OECEDENT'S EQUCATION (Specify only highest grade completed)	16a. DECEDENT (Give kind o		CCUPATION during most of v	orking	16b	KIND OF BUS	INESS/IND	USTRY				
PLE	Elementary/Secondary (0-12) College (1-4 o	CLER				D	EPARTM	ENT (OF NA	VY			
COM	17. FATNER'S NAME (First, Middle, Last)			16.	MOTNER'S N.		Middle, Malden						
BE (JOHN HENRY BLADEN					RGITT			DRICK				
10	RALLANDE (MORPHIN)	19b. MARLIN	G ADDRESS	(Street and Nu	mber or Rural	Route Num	ber, City or Town	n, State, Zip	Code)	5, 2000			
	20e, METHOD OF DISPOSITION	20b. PLACE OF OISP	OSITION (No	me of cemetery.	crematory or	LU	20c. LO	CATION —	City or Tow	rn, State			
	1 N Buriel 2 Cremetton 3 Removat from State 4 Donation 6 Other (Specify)	GATE OF					SIL	VER S	SPRIN	G, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE/LICENSEE	<i>f</i>		RANCIS			S FUNE	RAL H	HOME,	INC.			
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W., SIL.SP., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximates												
	shock, or heart fellure. List only one IMMEDIATE CAUSE (Final		not antar	tha moda o	dying, su	ch as can	diac or respi	ratory sm	est,	Approximets Interval Between Onset and Death			
	disease or condition resulting in desth)	TO (OR AS A CONSEQUENCE	OFI:							1 week			
z		(.,										
CERTIFICATION	If any, leading to immediate	TO (OR AS A CONSEQUENCE	OF):										
FIC.	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	TO (OR AS A CONSEQUENCE	OF):										
HT	resulting in death) LAST												
	PART II. Other significant conditions contributing	to death but not resulting	e in the ur	ndarlylng csu	ise given li	n Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	chroaie objb	resteve le	eng	dexe	aie		PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (C	Check only o	ne)						
rsic	EXAMINER? 1 YES 2 NO 1 Inpetient	2 ER/Outpatient 3 DOA	4 Nur	R: sing Nome 6	☐ Residence	6 🗆 Oth	er (Specify)						
ВУ РН	27. MANNER OF DEATN 1 Netural 6 Pending 2 Accident Investigation	E OF INJURY 26b. 1	IME OF NJURY M	26c. INJURY WORK? 1 YES		28d. DE	SCRIBE NOW I	NJURY OC	CUREO				
	3 Suicide 28e. PLA	CE OF INJURY — At home, farm fling, etc. (Specify)	n, street, fac	tory, office		261. LOC City	CATION (Street or Town, State)	and Number	or Runal Re	oute Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the be									end manner ee stated.			
BE	296. SIGNATURE AND TITLE OF CENTIFIER	4.0		290	DO 9	P34	,	29d. DAT	SIGNED	(Mogth, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED BARRY N. ROSEALTAVA	CAUSE OF OEATN (ITEM 27) (7)	PRRA	SUT	AVE	. KE	NSIN	6 TOM	V, L	10 20895			
	31. DATE FILEO (MONTH, Day, Your) MAR 28 91 32. REAL	STRAR'S SIGNATURE	-						1				

Part of the State

FOR

	1 - STATE REGISTRAR	SIAIE UF	MARTLAND		ICATE	OF I	DEAT	AND I	WENIAL II	EG. NO			
	1. DECEDENT'S NAME (First, Middle, KATHLEEN JO	POWERS .							2. DATE OF D	EATH DA	AY 1	991	3. TIME OF DEATH 4:00 P M
į	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, De) JAN. 1	IOTH		8. BIRTH Country	PLACE (State or Foreign
	331-40-4803 9a. FACILITY NAME (If not institution,	- 28	40	YRS.	9b. CITY, 1	TOWN O	B LOCATIO			3, 1		MAR INTY OF D	YLAND
DIRECTOR	THE JOHNS HOPK	TAL			ITM	4.3	CIT						
3EC	10a. STATE 10b. C		10c. CI1	TY, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?	
	MARYLAND	MONTGOM	MERY		SIL	VER	SP	RING					1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 15217 MONTFO				101.	ZIP CODI		905		HAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. A 1 YES 2 X WAR OR DATES		If	yes, spe	ENDENT Code 2 Yeo	n, Maxica	IIC ORIGIN? (S _I n, Puerto Ricen /:	pecify Ye	s or No—	14. RACE Black Special	- American Indian, t, White, etc.
COMPLETED	15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)		5+)	(Give kind of lie. Do NOT u	WORK done du work done du ise retired.)	uring mos	st of working	ng	23.195	o of BU	SINESS/IN	DUSTRY	
OM	17. FATHER'S NAME (First, Middle, La		0.	OIII OI	LIC DO	TEN		HER'S NA	ME (First, Middle				
BEC	RICHARD FREDI	ERICK HOM	1AN					MIL	DRED	ARI	LENE	H	AERTHER
TO B	19a. INFORMANT'S NAME (Type/Print	•							Route Number, C				
		VERS (HUSI						AD,					YLAND 20905
	20a. METHOD OF DISPOSITION 1		of cemetar	ry. cremator	y or other pla	ece)		DDV	DATE			CDDT	wn, State NG, MARYLANI
	21. SIGNATURE OF FUNERAL SERV		— GAI	E OF		AME AN	ID ADDRE	SS OF FA					
	domes.	5 No	ey						LLINS Y BLVD				, INC.
	23. PART I. Enter the disease												Approximate Interval Between
	ahock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition 11 V Po TE 115/0 A											Onset and Death	
	resulting in desth)	DUE									-		
ON	Sequentielly list conditions,	b	SEP.										IWEEK
ZAT	if any, leading to immediate cause. Enter UNDERLYING	,	APL	LAS	IA								3 LOPKS
CERTIFICATION	CAUSE (Disease or injury that Initiated events resulting in deeth) LAST	DUE 1	O (OR AS A CONS	SEQUENCE (OF):								
SER	Teaching in deetil) EAST	[lal]											
PHYSICIAN: MEDICAL	PART II. Other algnificent cor	oditione contributing	to death but not			1	Kos	_	A	PERFO	N AUTOPSY RMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž													
CIA	25. WAS CASE REFERRED TO MEDI EXAMINER?		≥ □ ER/Outpatient		OTHER	-	ACE OF E	DEATH (Ch	neck only one)				
HYS	1 YES 2 NO	1 Inpatient 2		3 DOA		ing Hom 28c, INJ		esidence	6 Other (Sp		INJURY O	CCURED	
	1 Natural 5 Pendin	(Month	, Day, Year)		JURY M	WO	PIC?] NO					
TED BY	2 Accident Investigation 28s. PLACE OF INJURY — At home form street factory office. 28s. I OCATION (Street and Number or Rural Radio											Route Number,	
COMPLETED	(orabon only	PHYSICIAN: To the best (AMINER: On the bests o											a) and menner as stated.
BE	296. SIGNATURE AND SITURE OF CENTURIES (Morth, Day Year) 296. LICENSE NUMBER 296. DATE SIGNED (Morth, Day Year) 3/22/91												
10	30. NAME AND ADDRESS OF PERS	D, Sc	AUSE OF DEATH (IT	TEM 27) (Typ	MD	-	OHI	NS E	topk	IN.	5 1	6ST	PITAL
	31. DATE FILED	M 32. REGIST	BAR'S SIGNATURE	Aberd	082								





3. TIME OF DEATN

5:00

6. BIRTNPLACE (State or Foreign Country)

MARYLAND

2. DATE OF OEATH DAY 3 25

7. DATE OF BIRTH 05 05 19

4. SOCIAL SECURITY NUMBER 236141437

Frank Riley Robison

5. SEX

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

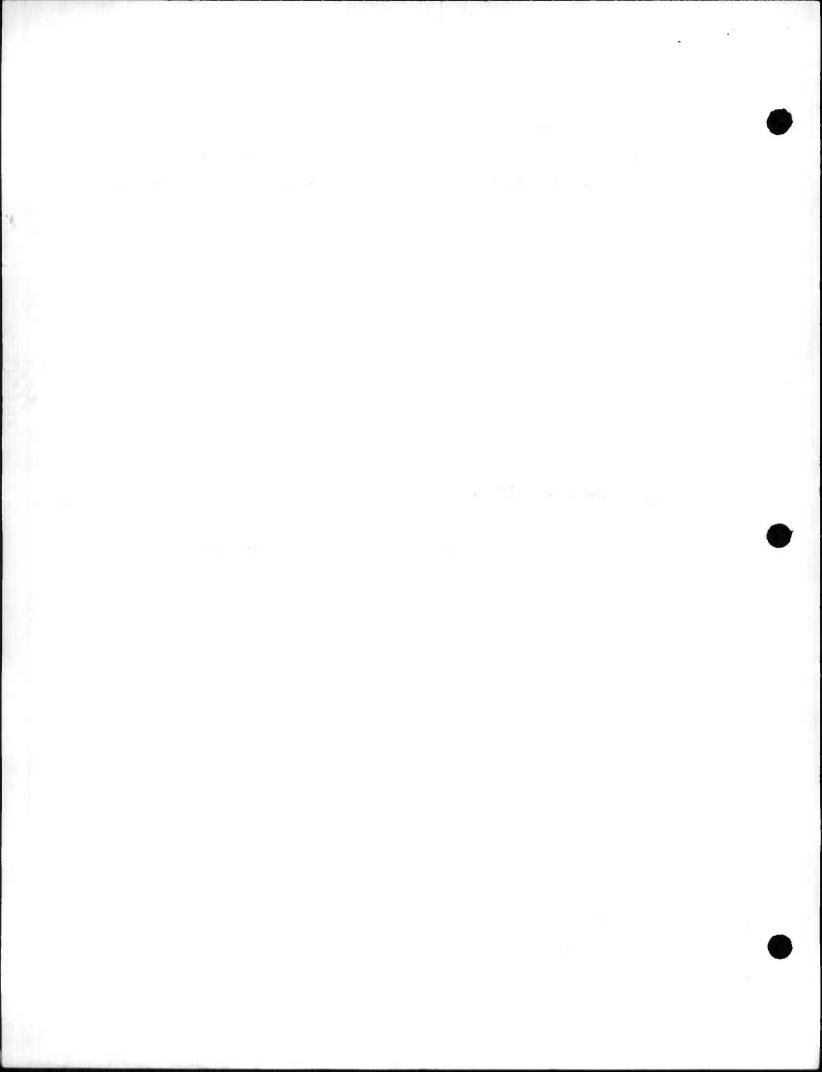
HOURS

JR.

YRS.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-

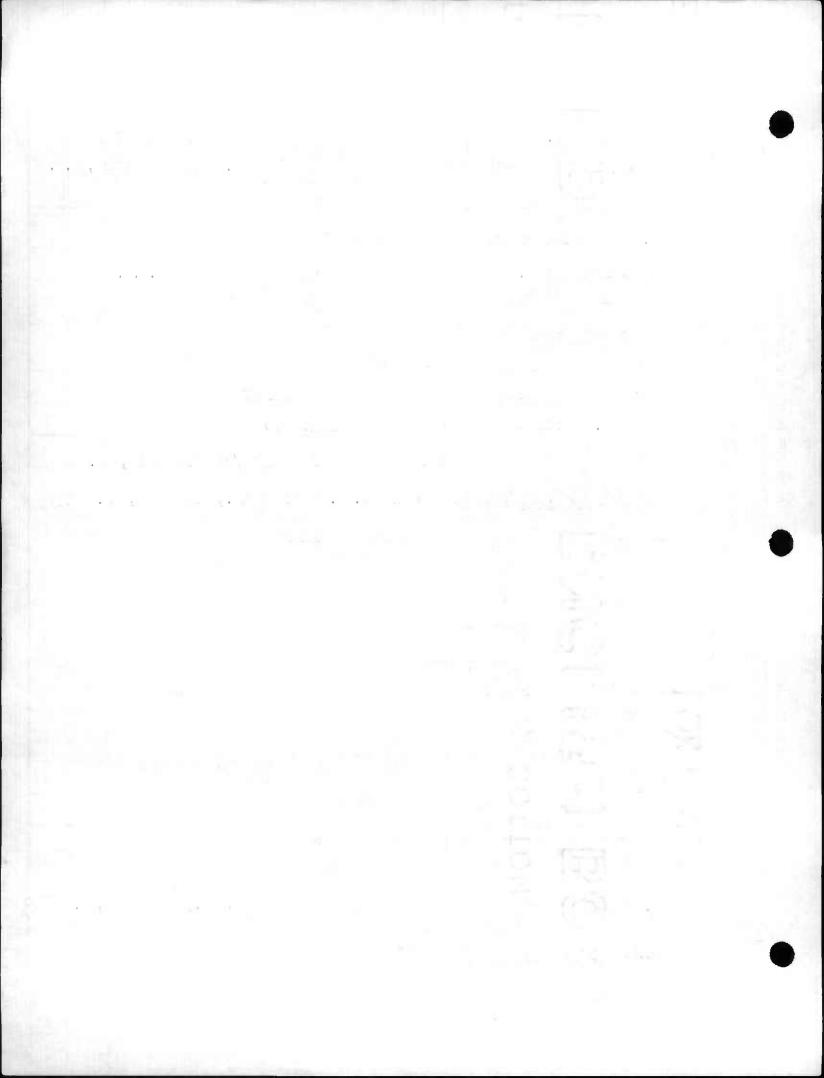
Parlong).	Sacred Heart	Hospital		9ь. city, тоwn о С и m b	erland 3	MD	9c. CQUNTY	of DEATH egany				
2	E	RESIDENCE OF DECEDENT						L					
Sec	RECTOR	10a. STATE 10b. COU	NTY	10c. CITY	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?				
2	ä	MARYLANDAL	LEGANY		CUMBER	LAND			1 YES 2 NO				
ill a		10e. STREET AND NUMBER				ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?					
ransit p	FUNERAL	18 HILLTOP R				21502	US						
as the burial-transit permit. Pages			2 NO	It yes, specify Cuban, Mexican, Puarto									
se as		15, DECEDENT'S E (Specify only highest gra		16a. DECEDENT'S	USUAL OCCUPATIO	ON et et working	16b. KIND OF BUS	F BUSINESS/INDUSTRY					
od for us	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT us	ER PIPE		PLU	MBING	}				
detache	M	17. FATHER'S NAME (First, Middle, Last)	-	1111011	JK LILL	16. MOTHER'S NAME (First Middle Meiden	Cumama)					
d be de	BE CC	FRANK R. ROBI	SON, SR.										
5 should notified	0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural Route	Number, City or Town	n, State, Zip Coo	de)				
e 5 s	F	MARGARET C. R	OBISON	18 F	HILLTOP	ROAD CU	MBERLAN	ID, MI	21502				
page st be		20a. METHOD OF DISPOSITION	20b	PLACE OF OISPOS	SITION (Name of cen	CATION — City	or Town, State						
ector.	1	1 Surial 2 Cremation 3 Re 4 Donation 6 Other (Specify)		other place) OTOMAC	MEMORIA	W. VA.							
d din		SIGNATURE OF FUNERAL SERVICE			22. NAME AN	D ADDRESS OF FACILIT	Y						
funeral di examiner	1	DI June Val	Halo	7	HAFE	HILL	S MORTUARY						
wal.		Condens	25. 119	~		NATIONA							
certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. I, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the disesses, or complications that couled the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, ahock, or heart failure. List only one cause phiesch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. PART I. Enter the disease, or complications that couled the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, interval Between Onset and Daeth Onset and Daeth Onset and Daeth											
completel ial, crema event,		DUE TO (OR AS A CONSEQUENCE OF):											
sician and c prior to buris traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
ttending phy al Hygiene ; or other	CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):								
ed by the att th and Menta any injury.	- 1	PART II. Other significent conditions contributing to/death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? AMAILABLE PRIOR TO											
and and	MEDICAL	Squamous Cell Carcinoma of Face 1 yes 2 NO OCH											
gned saith s an	ā	Chronic Pulmonary Kibros US											
of Heal		(nronte	ruirnonary	FIDVOS	, 1)	1 TYES 2 NO							
as be Dept.	ÿ		/										
cate ha	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28 PI	ACE OF OEATH (Check	only one)						
rtifica he Str	YS!	1 TYES 2 HO	1 Inputient 2 I ER/Outp		4 - Nursing Horr	ne 5 🗆 Rasidence 6 🗆	Other (Specify)						
h with th	у РНУ	27. MANNER OF DEATN 10 Nitural 5 Pending 7 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT 28 DRK? YES 2 NO	d. DE\$CRIBE HOW I	INJURY OCCUR	ED				
CTOR: Afte after deat 28 is m	ЕТЕО ВУ	2 Accident Investigation 3 Suicide 8 Could not datarmined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offic	a 28	t. LOCATION (Street City or Town, State)		Rural Route Number,				
DIRE		29a, CERTIFIER 1 CERTIFYING PM	YSICIAN: To the best of my know	riedge, death occurr	red at the time, data	and place, and due to t	he cause(a) and ma	nner as stated.					
NERAL hin 72 NT: 11	COMPL	cons)	MINER: On the besie of exemination						ause(a) and manner as stated.				
TO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with IMPORTANT: If Item 28 is marked.	TO BE 0	29b. SIGNATURE AND THE OF CERTIF	Cyron 1	line	M	29c. LICENSE NUMBE	5735	29d. DATE S	IGNEO (Month, Day, Yegr)				
10		30. NAME AND ADDRESS OF PERSON	EVAN (happy	o, Print)	ND 912	Selon	Dul	unberland				
		31. DATE FILEO (Month, Day, Year) MAK 2 7 1991	32. REGISTRAR'S SIGN	/	•								
			0						DHMH-16 Rev 1/89				



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		UE	-niir	CAIL	UF	DEAL	П	HEG. NO).					
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH MONTH	DAY	3. TIME OF DEATH				
PRISCILLA /	A. R	OBINSON								7 30P M				
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign				
215-21-6731	1 🗆 M 2 🍱	29	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year) APR 20	1961	GUYANA, S.A.				
9a. FACILITY NAME (If not institution, give s	treet and number)	9b. CITY, TOWN OR LOCATION OF DEATH				ATH	9c. COU	NTY OF OEATH						
PRINCE GEORGE'S H	HOSPITAL	CENTER		CH	FVFF	N V		PRINCE GEORGE!						
RESIDENCE OF DECEDENT									I FR					
œ l	D. PRINCE GEORGES				R LOCAT		TOOD	0		10d. INSIDE CITY LIMITS?				
	NCE GEORG	ies	ES				LBOR	:0		1 X YES 2 NO				
10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	ZEN OF WHAT COUNTRY? UYANA				
61 JOYCETON	TERR.					2077	2		(
100. STREET AND NUMBER 61 JOYCETON 11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDER FORCES?	T EVER IN U.S.AR	MED	13. WAS OECENDENT OF HISPANIC If yes, specify Cuban, Mexican,					a or No—	14. RACE — American Indian, Black, White, atc.				
3 Widowed 4 Divorced	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DA					2 📉 NO				Specify: BLACK				
15. OECEDENT'S EOU	CATION	16a. OE	CEDENT'S	USUAL O	CUPATIO	ON	-	16b. KINO OF BI	JSINESS/IN					
(Specify only highest grade	College (1-4 or 5	life	ive kind of a Do NOT us	vork done o e retired.)	ounng mo	at of worki	ng							
12									AT E	HOME				
Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)					
	ROBINSO	M	and the contract of the contra					PHANTE I	PRANCI	E				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Ros					or Rural I	Route Number, City or To	wn, State, Zi	p Code)				
EDWARD E. ROI					SAME AS ITEM #									
20a. METHOD OF DISPOSITION		20b. PLACE				(Name		DATE 20c. L	OCATION -	City or Town, State				
4 Donation 5 Other (Specify)	1 Buriel 2 Cremation 3 Removal from State				MAT(ORY	3/28/9 RIVERDALE, MD.							
21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	0				ND ADDRE	SS OF FA							
1 1/0///	0 01/10	wall w	00091	7.1	T.T	OTT	NATOTAL	מם מס מי	TOTAL ST	TOTAL DETAIL				
23. PART I. Enter the diseases, or	unuver									ALE, MD. 20737				
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Megi	TRED UNE d	1 m	MUNE MUNE P:	1	DEFI	CIEI	SYNDE	ROME	Interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	AS A CONSEQUENCE OF): AS A CONSEQUENCE OFI:											
CAUSE (Disease or injury	C. Due T	100 40 4 00NEE												
that initiated events resulting in death) LAST	DOE IC	(UN AS A CONSE	OUENCE U	rj:										
	d													
	na contributing to	death but not a	reaulting	In the ur	nderlyin	g cause	given in		N AUTOPSY					
PART II. Other algoriticant condition	TUBERCI	Gen Genses						1 _ YES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
	2	POSTO								OF DEATH?				
POXOPLASOSTS								_						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JANO 27. MANNER OF DEATH			-		26. P	LACE OF C	DEATH (Ch	eck only one)						
EXAMINER?	HOSPIPAL:	☐ ER/Outpetient 3	□ DOA	OTHE	R:			6 Other (Specify)						
27. MANNER OP DEATH	28a. DATE O	F INJURY	26b, T/N		-	JURY AT	earderice	28d. DESCRIBE HOW	INJURY O	CCURED				
	(Month,	Day, Year)	IN.	JURY	W	ORK? YES 2 [NO							
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — A1 ho	ome, farm,	street, fac	tory, offic	:0		281. LOCATION (Street	t and Numbe	er or Rural Route Number,				
4 Homicide determined	building	, etc. (Specify)						City or Town, Star	(w)					
29a. CERTIFIER 1 Check only one)	International Control													
20a. CERTIFYING PITY ICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.														
8				,,										
29b. SIGNATURE AND TUXE OF CURTIBLE	72- m				29c. LICENSE NUME				29d. DA	SIGNED (Month, Day, Year)				
/ // //	y (must m)					D (0.				18089 > 3/28/91				
Z		Ji.			EAF	D	-18	04 /		3/28/91				
30. NAME AND ADDRESS OF THERSON WI	HO COMPLETED CA	JSE OF DEATH (ITE V CEY-WR	M 27) (Type		525)r.	GREE	ENWAS	CTR. DR.	GRI S 2	EENBELT, MD. 2077				

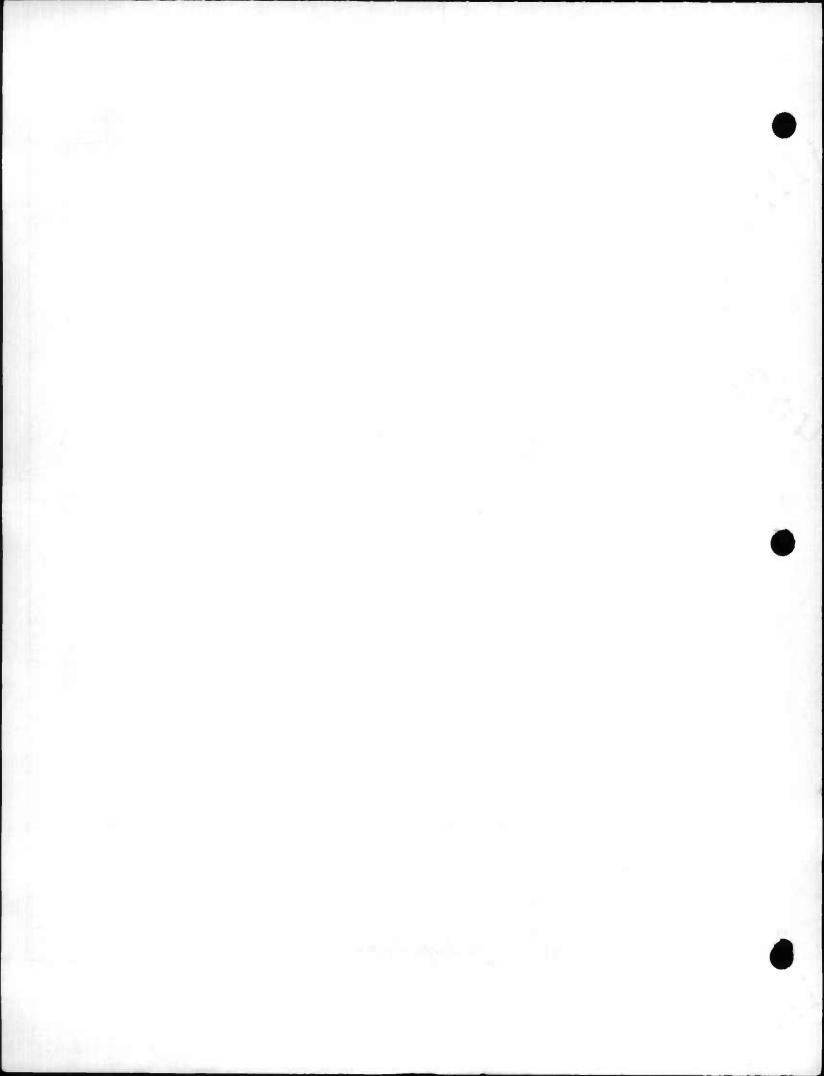


	l .	1. DECEDENT'S NAME (First, Middle, Last	1					2. DATE OF OEATH	MY YEA		ME OF OEATH			
	100	mary L.1						4	+ 91		2100	М		
	V	4. SOCIAL SECURITY NUMBER	11.1	(In yrs. lest birth	MONTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	8. B	ountry) M.A	RYLAND			
(P)		219 05 2902 98. FACILITY NAME (If not institution, give		73 YF		TOWAL C	OR LOCATION OF DE	2/19/1	9c. COUNTY	45	Town	_		
Y	ECTOR	Washing ton		ospita					Wa:	_	20.			
Pages 1	일	10a. STATE 10b. COUN			CITY, TOWN O		TION	-		INSIDE CITY LIMITS?				
	BIO		ungton		Smithsb				YES 2 NO					
at permit.	RAI	Rt. 2 Box 151					1. ZIP CODE		OF WHAT	COUNTRY?				
46 physician. bunal-transit	Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2X NO	H	VAS OEC			O	merican Indian,				
21203-3146 Ial or attending phys for use as the buri	D BY	3 Widowed 4 Olvorced								_	Vhite	_		
or afte	TED	15. OECEDENT'S EL (Specify only highest gra	de completed)	(Give kin	NT'S USUAL OC od of work done o IOT use retired.)			100. KINO OF BU	USINESS/INDUST	MY				
e g	PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Sec	ams tres	S		Appare	el Co.					
LAr by the be det	E COMPLET	17. FATHER'S NAME (First, Middle, Lest) Frank B. Huntsbe	erry		18. MOTHER'S NAME (First, Middle, Meldon Surname) Bertha N. Showe									
MARY be retained to ge 5 should e notified	TO B	190. INFORMANT'S NAME (Typo/Print) Harry L. Rudy					and Number or Rural F	burg, MD	wn, Stata, Zip Cod 21783	(o)				
m sa t			moval from State	other place)	ISPOSITION (Na.	ne of ce	metery, cremetory or	1,000	ocation - City		State			
Page 6 m director,		Smiths burg Cemetery 2 Cremation 3 Removal from State Smiths burg Cemetery 21. addition of Pinneral Service Licensee 22. NAME AND ADDRESS OF FACILITY												
death. Pa tuneral of examine		Davis Funeral Home												
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between												
or re		ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
S, within 2.7 spletely fille cremation, rent, the		disease or condition a. Sept. 5												
		OUE TO (OR AS A CONSEQUENCE OF)												
1314 executed and con to burial, matic er	ON	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):												
BOX ficate be ophysician ne prior to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CALLES (Necessary Lake)												
other	H	CAUSE (Disease or injury that initiated events DNE TO (OR AS A CONSEQUENCE OF):												
th the leading to the	Ë	resulting in death) LAST	a traco	404	Sun							_		
PRDS, F that the deat ed by the att th and Menta any injury,		PART II. Other aignificant condit	Company of the Compan			dertylr	ng ceuse given in	Part I. 24s. WAS A	AN AUTOPSY ORMED?		RE AUTOPSY FINDING	s		
ECORDS, equires that the d an signed by the of Health and Me hows any injur	EDICAL	(HNWICE)		ccun	6.	()	(A BUT	I TO YES	1 .	CON	MPLETION OF CAUSE DEATH?			
equires that of Health a	ME	Mac (the	> DETALE	ZXUN				_	,	10	YES 2 NO			
Es be ept.	AN	25. WAS CASE REFERRED TO MEDICAL				24.6	LACE OF DEATH (Ch	est ont one						
VITAL F SIAN: The law rifficate has b he State Dept. or item 23	SICIAN	EXAMINER?	HOSPITAL:	tnetlant 3 f	OTHEI	R:	me 5 Residence					_		
F VITA SICIAN: Th certificate h the State d, or item	PHYS	27. MANNER OF DEATH	28a. OATE OF INJURY	28	b. TIME OF	28c. IN	JURY AT	28d. OESCRIBE HOW	V INJURY OCCUR	ED		-		
N OF NG PHYSIC ther this contact with 1 marked,	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M	_	YES 2 NO							
ISIO TTENDI TTENDI TOR: A after d	8	3 Suicide 6 Could not 4 Homicide determined			farm, street, fac	tory, offi	Ce	28f. LOCATION (Stree City or Town, Sta		Rural Route	Number,			
	COMPLET	29a. CERTIFIER (Check only	YSICIAN: To the best of my kno	wledge, death	occurred at the	lime, dat	te end place, end du	to the cause(s) and n	nanner as stated.					
HOSPITAL FUNERAL WITHIN 72 1	NO.	anni .	On the basis of examinat	ion and/or invei	stigation, in my	opinion,	death occured at the	time, date and place,	and due to the c	euse(s) an	d manner as stated.			
TO THE HOSPITAL TO THE FUNERAL De fied within 72 I	BE C	SHO. SHOWING THE SHOP CENTER	PIER	7			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Mo	nn. Of teat	_		
5 5 3 M	10 8	MEW	WHO COMPLETED CAUSE OF	7 10	cton		11/11/	067	P 4	1	191			
		STEPHEN ME	TENER, M	DEATH (ITEM 27	821	5/	Journe	Today	HHEG	e Sta	ever			
		APR 08 9	Julia Davidso	n-hande	82									

(bar)

							9		19832		
1	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND I DEATH	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH MONTH DA	V VE	3. T	IME OF DEATH		
	MARGUERITE CAR	OL ROLL				April 1	199		2:00 PM		
	4. SOCIAL SECURITY NUMBER 5	SEX B. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLAC	E (State or Foreign		
	100 30 3201		8 YRS.	MONTHS DAYS	HOURE MIN.	12-25-193	32	Kent			
1	So. FACILITY NAME (If not institution, give street				OR LOCATION OF DE	EATH	9c. COUNTY				
Ö	Washington County	Hospital		Hagers	town		Washi	ngto	n		
합네	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TON			10d.	INSIDE CITY		
FUNERAL DIRECTOR	Maryland Washin	ngton	Во	onsboro	-17			18	LIMITS? YES 2 NO		
Z I	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?		
ii li	109 Grove Lane				21713		U.S				
5		2. WAS DECEDENT EVE FORCES? 1 7				NIC ORIGIN? (Specify Yea on, Puerto Rican, etc.)	or No- 14.	RACE - A Black, Wh	mericen indien, ite, etc.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			2 NO Specif			Specify:	White		
	15. DECEDENT'S EDUCAT	TION	16a, DECEDENT'S	USUAL OCCUPATI	ON .	16b. KIND OF BUS	I SINESS/INDUS1		White		
COMPLETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during management ()	ast of working	100000000000000000000000000000000000000					
4	12 yrs.		Но	memaker		Perso	nal Re	side	nce		
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden					
BE C	Harry		Brown		Marg	uerite			Lynch		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)			
2	Dina D. Roll		323	South Wa	yne Stre	et Arling	rton, V	'irgi	nia 22704		
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 反 Cremation 3 □ Remove		20b. PLACE OF DISPO	SITION (Name of ce	metery, cremetory or	20c. LO	CATION CHY	or Town,	State 🕈 🖰		
	4 Donation 5 Other (Specify)	ar Holli State		urg Crem	atorium_	Sm	ithsbu	ra, M	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Douglas A. Fiery Couchest His Bast Funeral Home Boonsboro, Maryland										
	23. PART i. Enter the diseases, or co	mplications that cau	sed the death. Do						Approximata Interval Batween		
1	ahock, or haart failure. Li	at only one cause of	aech ima.						Onset and Death		
- 1	disease or condition reaulting in death)	RESI	Proporti	1- Aers	10512 - 5	EVEN					
İ	Tousing in outing	DUE TO (OR A	S A CONSEQUENCE	OF):							
z	Commendative that annufations 6.	MEUN	oma LE	PT Cohr	LOBE						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	OF):							
2	CAUSE (Disease or injury	DRON	S A CONSEQUENCE O	NED.							
	that initiated events resulting in death) LAST	DUE TO (OR)	S A CONSEQUENCE (JF);				İ			
H	d.										
- 1	PART ii. Other algnificant conditions								RE AUTOPSY FINDINGS		
2	Emo STA	BB RB MA	L DISEA	913 on	1/12/2011	ACIC! 1 VES	2 100	CO	MPLETION OF CAUSE DEATH?		
	FM SMA DOLYCUST	WKIDI	124 DIC.						YES 2 NO		
2											
Ĭ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			_	LACE OF DEATH (C	heck only one)					
S		HOSPITAL:	Outpetient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 8 Residence	8 Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	RY 28b. TI	ME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED			
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	, street, factory, off	Ce	281. LOCATION (Street City or Town, State	end Number or	Rural Route	Number,		
E											
7	(Uneck only	AN: To the best of my k	nowledge, death occur	rred at the time, da	e end plece, end du	e to the cause(e) and ma	inner ee stated.				
COMPLETED	one) 2 MEDICAL EXAMINER	On the basic of examin	ation and/or investigat	tion, in my opinion,	death occured at th	e time, date and place, e	nd due to the o	cause(e) en	id manner as stated.		
BE	296, SIGNATURE AND TITLE OF CERTIFIER	5 170			D /3	7/3	29d. DATE S	IGNED (MO	orith, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Tyr	oe, Print)	11	ACANCA	n/ 1-	MA			
	0110 1202	17	14 DAL	1. HILL A	W. It	HUR ILS/	bhr	111)		

32. REGISTRARIS SIGNATURE
Julia Davidson-Randelle



11		Sho	
Con	to a	1, 2,	, 100
		soce	
		Mit. P	
		it pen	
	Jan.	-trans	
46	physic	bunia	
3-31	uding	as the	
203	or afte	nse :	
21	Spital (ed for	
N	he hos	detach	once.
Y	d by th	od be	te p
IAR	etaine	shou	otifie
BALTIMORE, MARYLAND 21203-3146	y be r	oage 5	be n
ORE	9 ша	ector, 1	must
IM	. Page	ral dire	ner
ALT	death.	tune fune	ехаш
0	s after	by the	dical
ø	ino	illed in	a me
	the	mation	r, th
146,	ted wit	compli al. cre	eve
13	noese.	n and to bur	matic
OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 showith the State Dent, of Health and Mental Hydene prior to burial, cremation, or removal.	irked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O. E	certific	fing pl	othe
9.	death (attend mtal H	ry, or
DS,	t the	by the	ı İnju
OR	res tha	afth a	R any
REC	requii	been s	show
AL I	he law	e Dent	m 23
VIT	IAN: T	tificate State	or Ite
OF	HYSIC	his cer	ked,
NO	JING P	After t	mar
NOISINI	TTEN	CTOR:	28 is
NO NO	AR A	THE FUNERAL DIRECTOR: After Ind within 72 hours after death	PORTANT: If Item 28 is mar
	SPITAL	NERAL Nin 72	VT: II
10	JE-HO	HE PU	DATA
/	P	10 T	MP

30. NAME AND ADDRESS OF P

MAR3 + 4-94

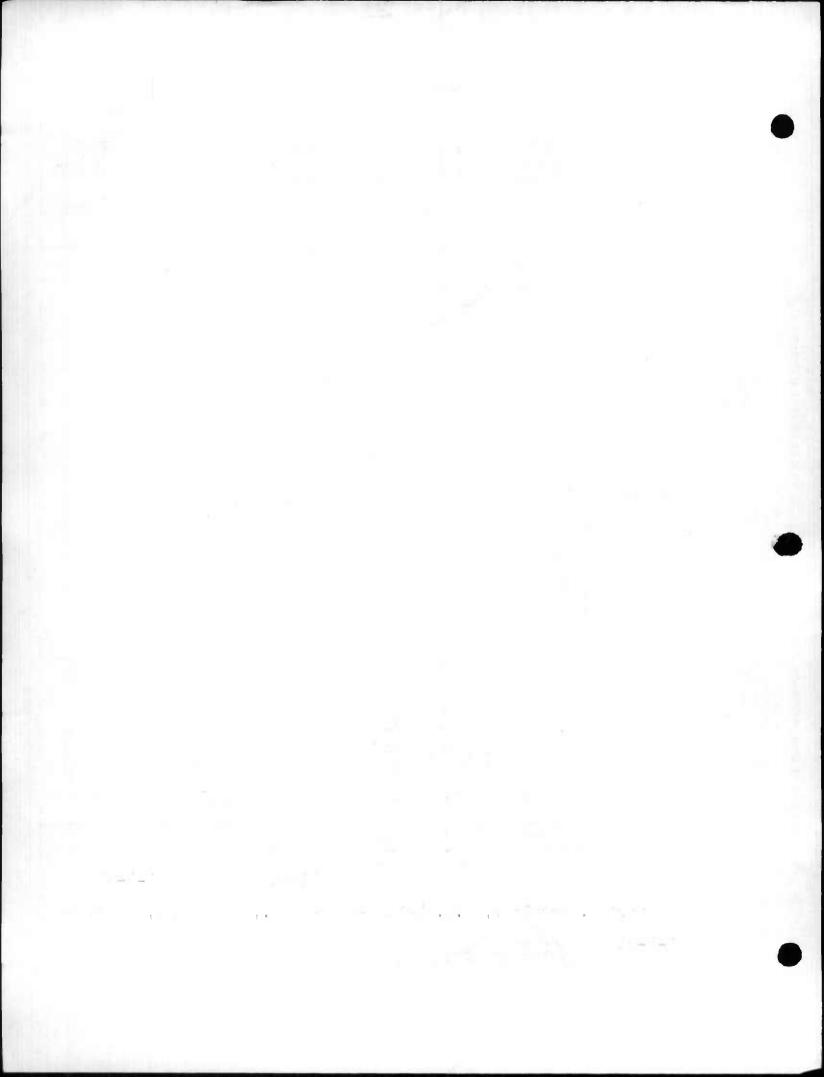
WHO COMPLETED CAUSE OF Batsleer,

M. D. 1438

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF			MENTAL	HYGIEN	and and		09833	
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH	
	William V.	Ryon Sr.					Marc			991	10:43 AM M	
	4. SOCIAL SECURITY NUMBER	S. SEX 8. AGE (In yrs.	lest birthday)	IF UNDER 1 YEA	AR IF UNDER	R 24 HRS.	7, DATE C	OF BIRTH	Ť	8. BIRTNP	LACE (State or Foreign	
	215 38 3106	1 √ x M 2 □ F 85	YRS.	MONTHS DAY	NOURS	MIN.		26 19	005	Country)	Maryland	
	9a, FACILITY NAME (If not institution, give a			9h CITY TOY	VN OR LOCAT	ION OF D		20 15		TY OF DEA		
œ *	PATTERNIA TOWNSHIP TO THE PATTERNIA						-AIII					
2	Anne Arundel Med:	ical Center		Anna	olis	_			Anr	ie Ari	undel	
E	10e. STATE 10b. COUNTY	1	10c. CI1	Y, TOWN OR LO	CATION					1	IOd. INSIDE CITY	
DIRECTOR	Maryland Anne	Da	avidson	ville						LIMITS?		
	10e. STREET AND NUMBER			10f. ZIP COD	Œ			10g. CITI	ZEN OF WH	IAT COUNTRY?		
FUNERAL	696 Appomatox Ro			210	035			Uni	ted S	States		
Ž	11, MARITAL STATUS	ARMED	13. WAS	DECENDENT		NIC ORIGIN	7 (Specify Yea			- American Indian.		
	1 Never Married 2 🔀 Merried	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yes	, specify Cub YES 2 NO	en, Mexica	en, Puerto R			Black,	White, etc.	
BY	3 Widowed 4 Divorced	II 120, GIVE HAN ON DATES	No	'''	LES S RE MO	Specii	·]	No		эресну.	White	
G	15. DECEDENT'S EDU			USUAL OCCUP			16b.	KIND OF BUS	SINESS/IND			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8 +)	life. Do NOT u	work done during se retired.)	most of work	Ing	Wa	ashing	ban			
PL		2	Super	visor-	Assest	ment	ts Sa	anitar	у Сот	mm.		
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)				18. MOTNER'S NAME (First, Middle, Melden					_		
C	Arthur P. Ryon				I	Edit	h M.	Reed				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Numbe	or or Rural	Route Numb	er, City or Town	n, Stata, Zip	Code)		
5	Mamie V. Ryon		696	ib MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stett 696 Appomatox Road Davidsonvill						e Maryland 21035		
	20s. METHOD OF DISPOSITION	20b. PLA	CE OF DISPO	OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Tow								
	©©Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State Lake	mont	Memori	al Gar	rden	S	Day	ridso	nvill	e Maryland	
	21, SIGNATURE OF FUNERAL SERVICE LIC		- Intolic		E AND ADDRE			Dav	Tubo	114 7 7 7 3	e nary rand	
	D. hat s	Evans.		Be	a11-Ev	vans	Fune	ral Ho	ome,	P.A.		
	- Movers C	. Courus	Pre	2. 16	000 At	nnap	olis	Rd. Bo	owie	Mary1	land 20715	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart fallure. List only one cause on each line.										Approximsta interval Batween	
	IMMEDIATE CAUSE (Fine)	A				Α.					Onset and Death	
	disesse or condition resulting in death)	. edad	N.CA.	(0)	LAL	S					12	
		DUE TO (OR AS A CON	SEOUENCE (P):								
z		a ASH	Di	side	9						104	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEOUENCE (OF):								
2	CAUSE (Disease or injury	с.										
	that initiated events	DUE TO (OR AS A CON	SEQUENCE (PF):								
ER	resulting in death) LAST	d										
	PART II. Other significant condition	e contributing to death but or	ot requiting	in the under	lying cause	diven in	Part i	24s, WAS AN	AITTOREY	245.1	WERE AUTOPSY FINDINGS	
CAL					ying cocco	giron in		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC								1 YES 2	□ NO		OF DEATH?	
×										'	1 YES 2 NO	
PHYSICIAN:												
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF	DEATH (C	heck only on	9)				
YSI	1 VES 2 NO	1 Inpatient 2 ER/Outpatient	3 000A		Nome 5 🗆 R	Rasidence	6 🗆 Other	(Specify)				
PH	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TH	JURY	WORK?		28d. DES	CRIBE HOW I	NJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation				YES 2	□ NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory,	office			ATION (Street a or Town, State)		or Rural Ro	oute Number,	
E	4 Homicide determined											
PLI	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge,	, death occur	red at the time,	date end plac	e, end du	e to the cau	se(e) end mer	nner se stat	ted.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination and	or investiget	on, in my opini	on, death occi	ured at the	e time, date	and place, en	d dua to th	ne ceuse(s)	and manner as stated.	
EC	296. SIGNATURE AND TITLE OF CENTIFIE	1 1			29c. LIC	SENSE NA	MBER		29d. DAT	E SIGNED.	Month, Day, Year)	
0	12XX	Lathard	21		D.	1194	15		•	3-4	-91	
5	30. NAME AND ADDRESS OF PERSON WIL	O COMPLETED CAUSE OF DEATH O	ITEM 27) /3-	Duint)								

DHMH-16 Rev 1/89

Defense Hwy., Gambrills, MD 21054



Sachdev,

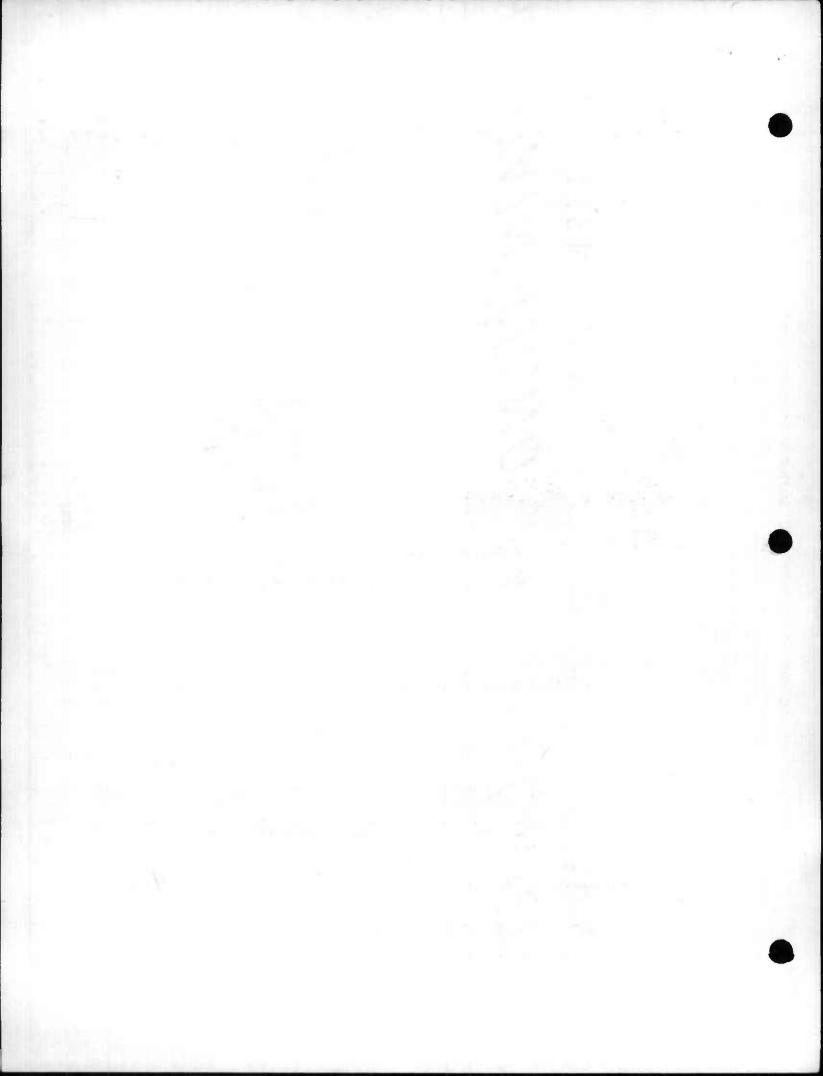
S S Sacho

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

1	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART CERTIFIC				MENTA	L HYGIENE	9	09834		
1	DECEDENT'S NAME (First, Middle, Last)	erbert SEX 6. AGE (III)	Rec	F UNDER	5	IF UNDER 24 HRS.	MONTE	OF DEATH	> 91	3. TIME OF DEATH AM MI		
-	personal management of the	M 2 F	1 1 -	27-28	9c. COUNTY	nnarock, Va.						
DIREC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Cecil	10e. CITY,	TOWN O	R LOCATIO E1k				10d. INSIDE CITY LIMITS? 1 YES A NO			
ERAL	1335 Old Elk N	leck Road			10f.	ZIP CODE 2	1921		10g. CITIZEN	U.S.A.		
BY FL	11. MARITAL STATUS 12. Never Married 2 Terried 12. Wildowed 4 Divorced	S. ARMED	13. WAS DECEMBENT OF HISPANIC ORIGINAL PROPERTY IN THE PROPERTY OF THE PROPERT					or No- 14.	RACE American Indian, Black, White, etc. Specify: White			
COMPLETED	15. OECEDENT'S EOUCATH (Specify only highest grade com Elementary/Secondary (0-12)	(Give kind of wo life. Do NOT use Machin	rk done a retired.)	during most		16b	E1K	Paper				
BE CON	77. FATHER'S NAME (First, Middle, Last) Wiley A. Reev	res										
2 [199a. INFORMANT'S NAME (TypesPrint) EVELYN Reeves 190b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1335 Old Elk Neck Rd., Elkton, Md. 21921 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of correctory, grematory or 20c. LOCATION — City or Town, State											
- 11	20a. METHOD OF DISPOSITION 1-2-Surial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State 20b. F	(her place)			etery, cremetory or etery			nion – chy			
1	et, SIGHATURE OF EUNERAL SERVICE LICENS	Blown				uneral		10		Main St., Md. 21921		
IFICATION	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
	PART II. Other algorificant conditions of	· CX	not resulting in	tha un	derlying	cause given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN		OSPITAL:		OTHER	₹:	ACE OF DEATH (Ch						
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	OF RY M		SCRIBE HOW II	JURY OCCUR	NED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE DF INJURY – building, etc. (Specif)	Al home, farm, at	reet, fact	tory, office			CATION (Street a or Town, State)	nd Number or	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
O BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. DA									DATE SIGNED (Month, Day, Year)		

M.D. 202 Bow Street, Elkton, Md. 21921



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

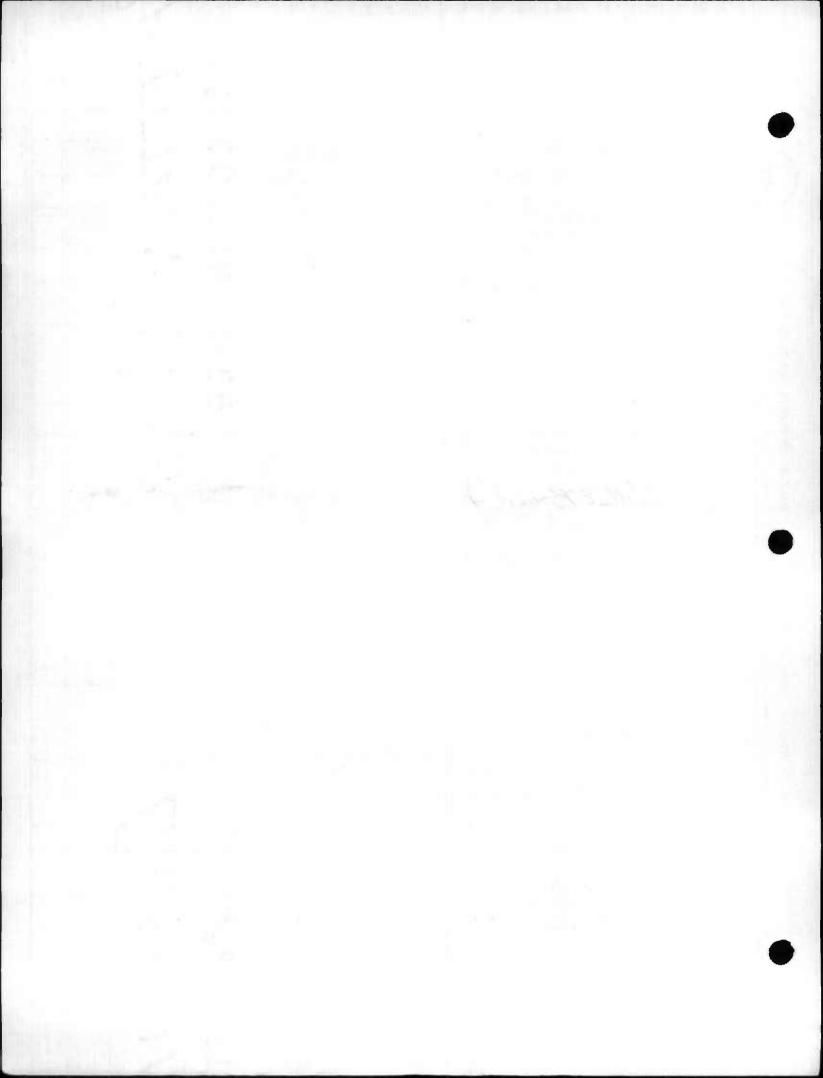
1 - STATE REGISTRAR	011112 01 1111				DEAT		REG	G. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	Jay D	. Roof					2. DATE OF DE MONTH April	DAY	991	YEAR	3. TIME OF DEATH 5:11 A.	
4. SOCIAL SECURITY NUMBER 095-24-2050	5. SEX 6	AGE (In yrs. lest birthde	MONTH	ER 1 YEAR	IF UNDER 2	4 HRS. MIN.	7. DATE OF BIR (Month, Day, July 3	тн	27	Country	PLACE (State or Foreign	
Sa. FACILITY NAME (If not institution, give a		ve			Poto				9c. COU	NTY OF D	EATH	
14513 Stonebridge RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montg	omery		city, town								10d. INSIDE CITY LIMITS? 1 YES 2X ND	
100. STREET AND NUMBER 14513 Stonebridg	e View Dr	ive			20878					ted States		
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	Merried FDRCES? 1 X YES 2 NO If yes, specify Cuben, N				Mexica	exicen, Puerto Ricen, etc.) Black, Wh				- American Indian, White, etc.		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (6A file. DEC (6A file						16b. KIND					
17. FATHER'S NAME (First, Middle, Last) Clyde B. Roof		1 0	wner/	COOK			ME (First, Middle,	Maiden S		16		
19a. INFORMANT'S NAME (Type/Print) James S. Roof 20a. METHOD OF DISPOSITION		145	L3 St	oneb	nd Number o	Vie	Poute Number, City	or Town	State, Zi	omac	MD 20878	
1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE OF DIS other place) Quantico	Nat	iona	Ceme	eter	У	Tri	angl		irginia	
21. SIGNATURE OF FUNERAL SERVICE LIC	Sough!	A M00672			D ADDRES		Bethesda Avenue	ert a-Ch	A. evy ethe	Pump Chasesda,	hrey e, Inc. Maryland	
ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Carcinoma of the Lung DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant condition	PERFORMED? AM 1 □ YES 2 ☑ NO OF										WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН	ER:			eck only one)			_		
1 YES 2 XND 27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF III (Month, Day)		TIME OF INJURY	28c. IN.	IURY AT ORK? YES 2		6 Other (Spec 28d. DESCRIBE		LJURY O	CURED		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, fai c. (Specify)	m, street, f	actory, offic	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only one) 1 📈 CERTIFYING PHYS 2 🗆 MEDICAL EXAMINE											a) and manner as stated.	
290. SIGNATURE AND TITLE OF CERTIFIE William H 30. NAME AND ADDRESS OF PERSON WITH	ilvermen	_	Rese Print		29c. LICE D27	1985					(Month, Day, Year)	
William H. Silv	erman, M.I)., 6111 E		tive	Blvd.	Ro	ckville	, M	d. 2	0850		
S1. DATE FILED (MONTH, Day, Year) APR 2 - 91	32. HEGISTRAR	's SIGNATURE WISSON PORDE	22					9				

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral directic page 5 should be detached for use as the burial-transit permit. Pages 1, abe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

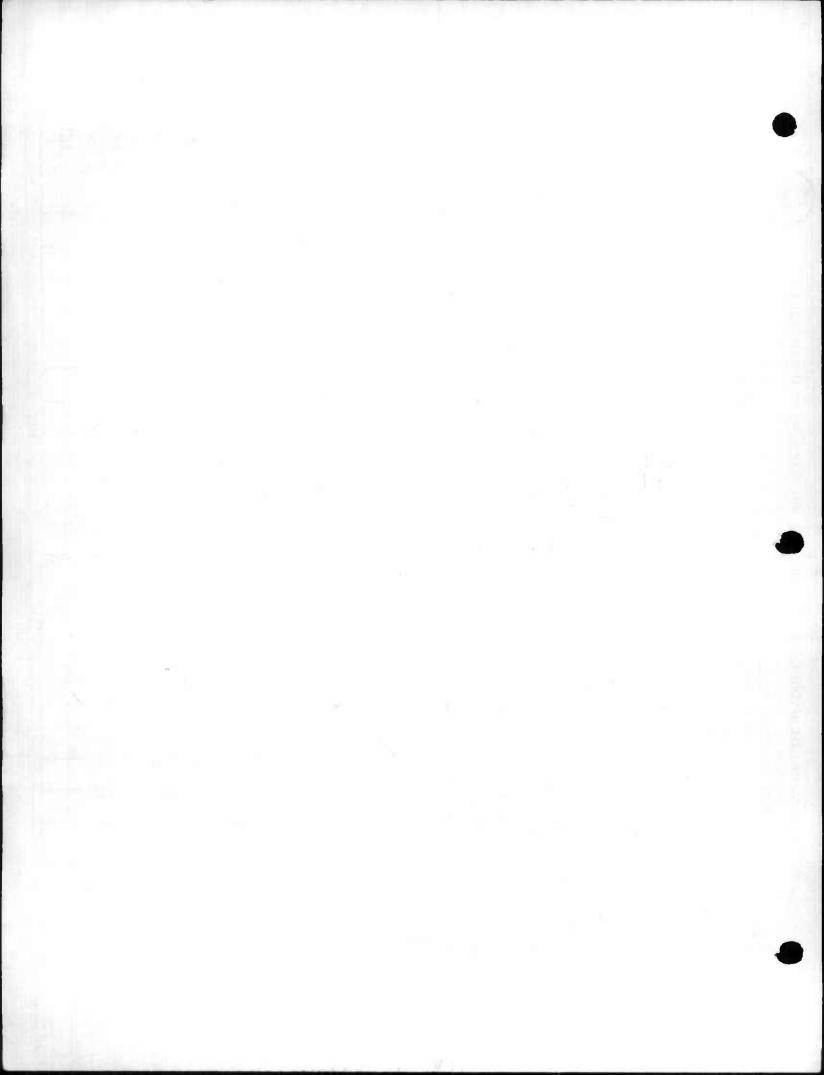


DHMH-16 Rev 1/89

ENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician.	R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	, or ferroval.	
DING PHYSICIAN; The law requires that the death certificate be executed within	After this certificate has been signed by the attending physician and completely file	death with the State Dept. of nearly and mental hygiene prior to borian, cremation	
	2.2	be M	

STATE OF MARYLAND / DEPARTMENT OF HEALTH ANI	MENTAL HY	SIENE
CERTIFICATE OF DEATH	REG	. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	E	03030				
	1. DECEDENT'S NAME (First, Middle, Last)	ROSE RI	HN			2. DATE OF DEATH	5 9	3. TIME OF DEATH 2:00 A				
	4. SOCIAL SECURITY NUMBER 062-07-6987 98. FACILITY NAME (If not institution, give a	1 □ M 2 🗓 78 y	rs yas.	UNDER 1 YEAR	HOURS MIN.		912 W	BIRTHPLACE (State or Foreign Country) ashington, D.C				
OR	Hebrew Home Of Gr		1	Rockvi	R LOCATION OF DEA	TH	9e. COUNTY Montg					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		ington				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
	10e. STREET AND NUMBER	ace N.W.			2000E		S.A.					
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XX NO	13. WAS DEC	RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5 +)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mod tired.)	st of working	16b. KIND OF BUS	ng Fir					
OMP	12 yrs 17. FATHER'S NAME (First, Middle, Last)	1 yr	Statist	ical As	SSISTANT	E (First, Middle, Meiden						
BE C	UNKNOWN	<u> </u>			Esther	Walker						
2	Jack L. Rihn					ute Number, City or Tow						
	20a. METHOD OF DISPOSITION 1 Burlel 2 Commetter 3 Ren	noval from State	PLACE OF DISPOSITIO	ON (Name of cen	netery, crematory or	DOCATION — City or Town, State						
	4 Donation S Other (Specify)		unt Comfo	22. NAME AN	D ADDRESS OF FACI	LITY		a, Virginia				
	> Henry 6	Frond				s Sons, I		20016 ington, D.C				
	23. PART i. Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition rasulting in death)	Reumo	nia nia									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DEMENTICAL End Stage DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAM: MEDICAL C	PART II. Other algorificant condition Rhoumassed & Benign Lu	Brthritio	ne not reaulting in t	A	cause given in P	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ 0	THÉR:	ACE OF DEATH (Chec							
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatiant 2 ER/Outpot 28a. DATE OF INJURY (Month, Day, Year)	25b. TIME O	F 28c, INJ	e 5 Residence 6 URY AT RK?	28d. DESCRIBE HOW	NJURY OCCUP	MED				
BY	1 Natural 5 Pending 2 Accident Investigation	11.00		M 1 🗆	ES 2 NO							
E	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, streetly)	et, factory, offic		261. LOCATION (Street City or Town, State)		Rural Route Number,				
COMPLET	anel	SICIAN: To the best of my knowl IER: On the basis of exemination										
BE	294/SIGNATURE AND TITLE OF CERTIFIE	ll MI	λ		29c. LICENSE NUMI	79	29d. DATE \$	IGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON W	no completed cause of de	ATH (ITEM 27) (Type, Pri	n way		brinseT	Ed, Rod	wille, MD 70852				
	31. DATE FILED (Month, Day, Year) MAD 2 7 90 1	32. REGISTRAB'S SIGNI Guha Davidos	ATURE Prodes									

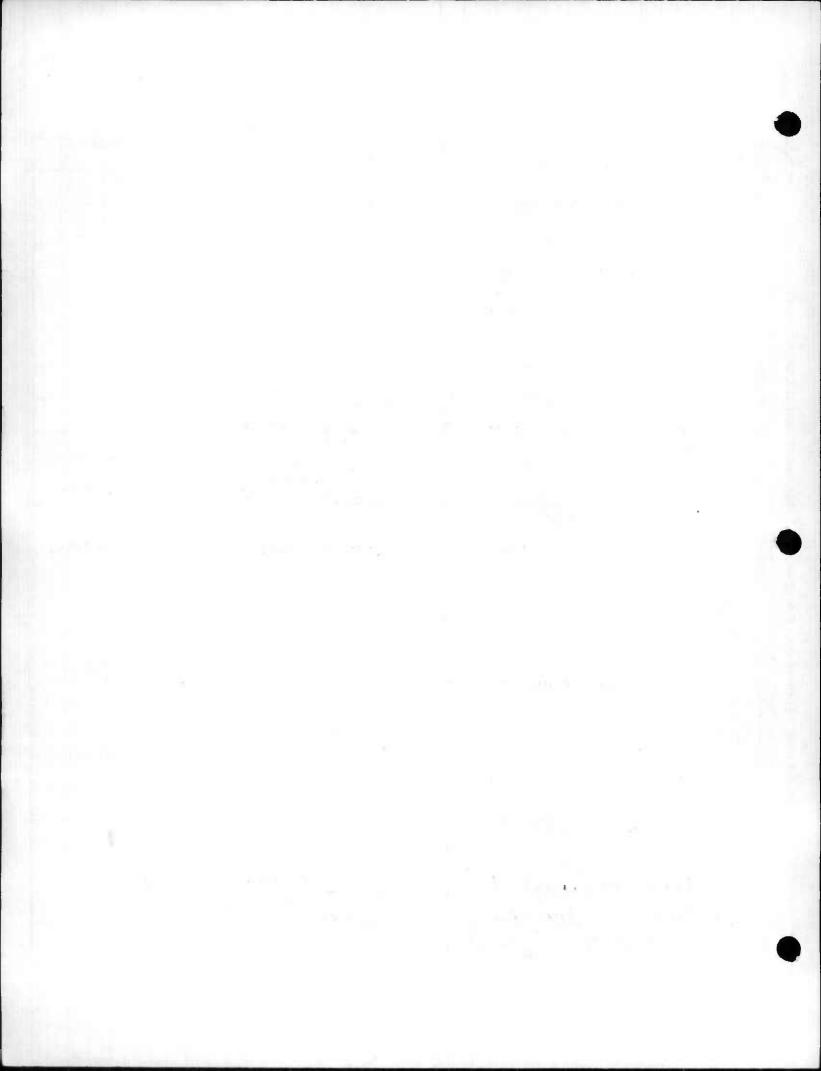


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	STATE REGISTRAR	
_	TIEGIOTTOWN	_

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

DECEDENT'S NAME (First, Middle, Lest, SOCIAL SECURITY NUMBER										
4. SOCIAL SECURITY NUMBER		Martha	Ride	nour			March 23	-11	YEAR	3. TIME OF OEATH 11:15 am
	5. SEX	6. AGE (In yrs. last		IF UNDER 1 Y	EAR IF UNDER		7. DATE OF BIRTH			PLACE (State or Foreign
	1 - M 2 X F		YRS.		AYS HOURS		February		Country	
204-05-0271	1 L M 2 A F	96	THO.				6. 1895		West	Virginia
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	OWH OR LOCATE	ION OF DEAT	TH .	9c. COU	NTY OF DE	ATH
- 1 1 1 1 1 1			1		Title a s			Manta	omery	
Randolph Hil	Is Nursin	g Home			Whea	LOII		_	MOILE	Owery
10a. STATE 10b. COUN			10c. CITY	, TOWH OR I	LOCATION					10d. INSIDE CITY
	and the same of the same				0-11	. h. a a h				LIMITS?
	ontgomery				,	hersb	urg			1 X YES 2 NO
10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
7 Blue B	ibbon Cou	rt				20878	United			States
11. MARITAL STATUS			MEO	13 WM	S DECENDENT	OF HISPANIC	ORIGIN? (Specify Ye	or No-	14 BACE	- American Indian,
1 Never Married 2 Married		TEVER IN U.S. ARI	10	If yo	es, specify Cubi	an, Maxican,	Puarto Rican, etc.)		Black	White, etc.
\$(X Widowed 4 ☐ Divorced	20.7111-241312-2	MAR OR DATES		1 [YES 2 NO	Specify:			Specif	
	WW	II								White
15. DECEDENT'S ED (Specify only highest grad		16a. DE:	CEDENT'S	USUAL OCCL	UPATION ing most of work	ina	16b. KINO OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT us	e retired.)						
	2			Clerk			Ref	tail	Sales	5
17. FATHER'S NAME (First, Middle, Last)	-			V4 V41		HER'S NAME	(First, Middle, Maiden			
									1	
	n Mason S						ah Virgi			S
19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS (S	Street and Number	r or Rural Roo	ute Number, City or Tox	vn, State, Zip	Code)	
Miss Deborah Je	an Didono	112 2	Blue	Ribbe	on Cour	ct Gai	thersbur	g.Mar	vland	1 20878
20a, METHOD OF DISPOSITION	en krosijo				of cometery, cre			CATION -		
XXBuriel 2 ☐ Cremation 3 ☐ Re	moval from Stata	other ple	PCO)						-1-	
4 Donation 5 Other (Specify)		<u> </u>	of H		Cemete			Lver	spri	ng,Maryla
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11		22. NA	ME AND ADDRE	ESS OF FACIL	UTY FURG	ral H	ome/	
	1	1	Robert A. Pumphrey Funer Rockville, Inc. 300 West Rockville, Maryland 2085						taom	erv Avenu
23. PART I. Enter the diseases, Di	Nacho		1335	Roc	kville	Mary	land 208	50		-
shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. BLATA TUMOS (MENIAGEONE)										
2.	DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
	DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
that initiated events	_ d									
that initiated events	ons contributing to	death but not r	esulting i	In the unde	irfylng csuse	given in Pr			24b.	
that initiated events resulting in death) LAST			1	in the unde	arlying cause	given in Pr	PERFO	RMED?	24b.	AMAILABLE PRIOR TO
that initiated events resulting in death) LAST			1	In the unde	arlying cause	given in P		RMED?	24b.	AMAILABLE PRIOR TO
that initiated events resulting in death) LAST			1	in the unde	arlying csuse	given in P	PERFO	RMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUS
that initiated events resulting in death) LAST			1	in the unde	arlying cause	given in P	PERFO	RMED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
that initiated events resulting in death) LAST			1	in ths unde			PERFO	RMED?	246.	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions to the condition of the conditions of the cond	HOSPITAL:	-//20012	(ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	отнея:	26. PLACE OF	DEATH (Check	PERFO 1 YES	RMED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions to the conditions of the con	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	26. PLACE OF	DEATH (Chec.	PERFO 1 YES	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions to the conditions of the con	HOSPITAL:	ER/Outpetient 3	DOA 25b, TIM	OTHER:	26. PLACE OF	DEATH (Chec.	PERFO 1 YES	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions of the con	HOSPITAL: 1 Inputtant 2 28a. DATE O (Month, I	ER/Outpetient 3	DOA 25b, TIM	OTHER: 4 Nursin	26. PLACE OF	DEATH (Checi	PERFO 1 YES	RMED?		COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions in the conditions of the con	HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month, inc.) 26a. PLACE	ER/Outpetient 3 FINJURY Day, Year) OF INJURY — At ho	DOA DOA INJ	OTHER: 4 Munion E OF 20	26. PLACE OF ing Home 5 F86. INJURY AT WORK? 1 YES 2	DEATH (Chec.	PERFO 1 YES k only one) Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street	RMED? 2 NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significant conditions of the con	HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month, inc.) 26a. PLACE	ER/Outpetient 3 F INJURY	DOA DOA INJ	OTHER: 4 Munion E OF 20	26. PLACE OF ing Home 5 F86. INJURY AT WORK? 1 YES 2	DEATH (Chec.	PERFO 1 YES k only one) Other (Specify) 28d, DESCRIBE HOW	RMED? 2 NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Pending Investigation	HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month, inc.) 26a. PLACE	ER/Outpetient 3 FINJURY Day, Year) OF INJURY — At ho	DOA DOA INJ	OTHER: 4 Munion E OF 20	26. PLACE OF ing Home 5 F86. INJURY AT WORK? 1 YES 2	DEATH (Chec.	PERFO 1 YES k only one) Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street	RMED? 2 NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significant conditions of the con	HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month, I) 28a. PLACE obuilding	ER/Outpetient 3 F INJURY Day, Year) OF INJURY — At ho, etc. (Specify)	DOA 25b. TIM INJ	OTHER: 4 Mursin E OF 20 IURY M	26. PLACE OF Ing Home 5 Fisc. INJURY AT WORK? 1 YES 2	DEATH (Chec. 6	PERFO 1 YES 1 VES Other (Specify) 26d, DESCRIBE HOW 28f, LOCATION (Street City or Town, State	INJURY OC	CCURED or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, input	ER/Outpetient 3 F INJURY OF INJURY — At ho, stc. (Specify)	DOA 25b. TIM INJ	OTHER: 4 (Nursin E OF URY M street, fectory	26. PLACE OF Ing Home 5 Feb. INJURY AT WORK? 1 YES 2 y, offica e, date and place inlon, deeth occurrence.	DEATH (Chec. Residence 6	PERFO 1 YES At only one) Other (Specify) 26d, DESCRIBE HOW 26f, LOCATION (Street City or Town, State o the cause(a) and me	INJURY OC and Number inner as sta	CCURED or or Rural R sted.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Note Number,
PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Pending	HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, input	ER/Outpetient 3 F INJURY OF INJURY — At ho, stc. (Specify)	DOA 25b. TIM INJ	OTHER: 4 (Nursin E OF URY M street, fectory	26. PLACE OF Ing Home 5 Feb. INJURY AT WORK? 1 YES 2 y, offica e, date and place inlon, deeth occurrence.	DEATH (Check Basidence 6	PERFO 1 YES At only one) Other (Specify) 26d, DESCRIBE HOW 26f, LOCATION (Street City or Town, State o the cause(a) and me	INJURY OC and Number inner as sta	CCURED or or Rural R sted.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, input	ER/Outpetient 3 F INJURY OF INJURY — At ho, stc. (Specify)	DOA 25b. TIM INJ	OTHER: 4 (Nursin E OF URY M street, fectory	26. PLACE OF Ing Home 5 Feb. INJURY AT WORK? 1 YES 2 y, offica e, date and place inlon, deeth occurrence.	DEATH (Chec. Residence 6	PERFO 1 YES At only one) Other (Specify) 26d, DESCRIBE HOW 26f, LOCATION (Street City or Town, State o the cause(a) and me	INJURY OC and Number inner as sta	CCURED or or Rural R sted.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Note Number,
That Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Investigation 2 Accident Investigation 3 Suicide 5 Could not be detarmined 29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL: 1 Inpatient 2 25a. DATE O (Month, I) 25a. PLACE obuilding YSICIAN: To the best of INER: On the best of	ER/Outpetient 3 F INJURY Day, Year) OF INJURY — At ho, etc. (Specify) If my knowledge, de axamination and/or	DOA 25b. TIM INJ	OTHER: 4 ON Marsin E OF 21 URY M street, fectory and at the time on, in my opin	26. PLACE OF Ing Home 5 Feb. INJURY AT WORK? 1 YES 2 y, offica e, date and place inlon, deeth occurrence.	DEATH (Chec. Residence 6	PERFO 1 YES At only one) Other (Specify) 26d, DESCRIBE HOW 26f, LOCATION (Street City or Town, State o the cause(a) and me	INJURY OC and Number inner as sta	CCURED or or Rural R sted.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Note Number,
PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Pending Investigation	HOSPITAL: 1 Inpatient 2 25a. DATE O (Month, I) 25a. PLACE obuilding YSICIAN: To the best of INER: On the best of	ER/Outpetient 3 F INJURY OF INJURY — At ho, stc. (Specify)	DOA 25b. TIM INJ	OTHER: 4 ON Marsin E OF 21 URY M street, fectory and at the time on, in my opin	26. PLACE OF Ing Home 5 Feb. INJURY AT WORK? 1 YES 2 y, offica e, date and place inlon, deeth occurrence.	DEATH (Chec. Residence 6	PERFO 1 YES At only one) Other (Specify) 26d, DESCRIBE HOW 26f, LOCATION (Street City or Town, State o the cause(a) and me	INJURY OC and Number inner as sta	CCURED or or Rural R sted.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Note Number,
That Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Investigation 2 Accident Investigation 3 Suicide 5 Could not be detarmined 29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL: 1 Inpartiant 2 25a. DATE Of (Month, i) 25a. PLACE building YSICIAN: To the best of INER: On the basis of FIER WHO/COMPLETED CAL	ER/Outpetient 3 F INJURY Day, Year) OF INJURY — At ho, etc. (Specify) If my knowledge, de axamination and/or	DOA 25b. TIM INJ	OTHER: 4 ON Marsin E OF 21 URY M street, fectory and at the time on, in my opin	26. PLACE OF Ing Home 5 Feb. INJURY AT WORK? 1 YES 2 y, offica e, date and place inlon, deeth occurrence.	DEATH (Chec. Residence 6	PERFO 1 YES At only one) Other (Specify) 26d, DESCRIBE HOW 26f, LOCATION (Street City or Town, State o the cause(a) and me	INJURY OC and Number inner as sta	CCURED or or Rural R sted.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Note Number,



FOR

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Edward Gardn	er Spiker				2. DATE OF DEATH MONTH 0	AY YEA	3. TIME OF OEATH 5:45 am ^M
	4. SOCIAL SECURITY NUMBER 213129711	1 💢 M 2 🗆 F 7	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1920 M	RTHPLACE (State or Foreign Junitry)
No.	Sacred Heart	,			or Location of i		9c. COUNTY C	egany
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			TY, TOWN OR LOCA	TION			10d. INSIDE CITY
	Md Alle	gany	Cum	berlan	d. ZIP CODE		10g. CITIZEN	1 YES 2 NO
FUNERAL	13 West Elto			1 12 1172 27	21502		USA	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED 2 NO DATES WWII	If yes, s		ANIC ORIGIN? (Specify Ye can, Puarto Rican, etc.) affy:	a or No 14. F	NACE — American Indian, Black, White, atc. Specify.White
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			S USUAL OCCUPAT work done during n use retired.)		16b. KIND OF BU		
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)	0	lGlass	PPG	16. MOTHER'S N	Glass IAME (First, Middle, Meider		у
BE C	F.d. 19a. INFORMANT'S NAME (Type/Print)	Sp	iker	A ACCORDED (Street		ina il Route Number, City or Tov		
2	Jack H Spiker		2007110337	CIONAL CONTRACTOR				Md . 21502
	20a_METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	novel from State	of cemetary, cremator	ar or other placel		1		
	21. SIGNATURE OF FUNERAL SERVICE LI		t. View			3_26_91_M		
	23. PART I. Enter the diseases, Dr	20				McKenzie		
	ahock, or heart fallure. IMMEDIATE CAUSE (Final	CARDIC	each line.	LATORY	FAIL	URE		Approximate Interval Between Onset and Death
z		MASSIC	A CONSEQUENCE	LTICE	REBRAL	INFI	ARCT	
CATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING	A RTERI	a consequence	OF): TIC CAI	RDIOVAS	cular 1	DISEAS	2
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE					
MEDICAL C	PART II. Other eignificant condition A CUTE GANGRE	real ?		5	ng cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL	,		4	PLACE OF OEATH (Check only one)		
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Drinpatient 2 ER/Ou	rtpetient 3 🗆 DOA	OTHER:		e 6 □ Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year,) IP	M 1	JURY AT /ORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURE	D
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (S)		, street, factory, off	Ice	28f. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
COMPLE	Conson stay	BICIAN: To the best of my kno ER: On the basis of examinat						use(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ng14.D			D 2 S	UMBER 638	≥ 3/	26/9/
-	DR. SATURNIN				A, FROST	TBURG, MD 2	1532	
	31. DATE FILED (Month, Day, Year) APR 01 1991	32. REGISTRAR'S SIG	GNATURE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

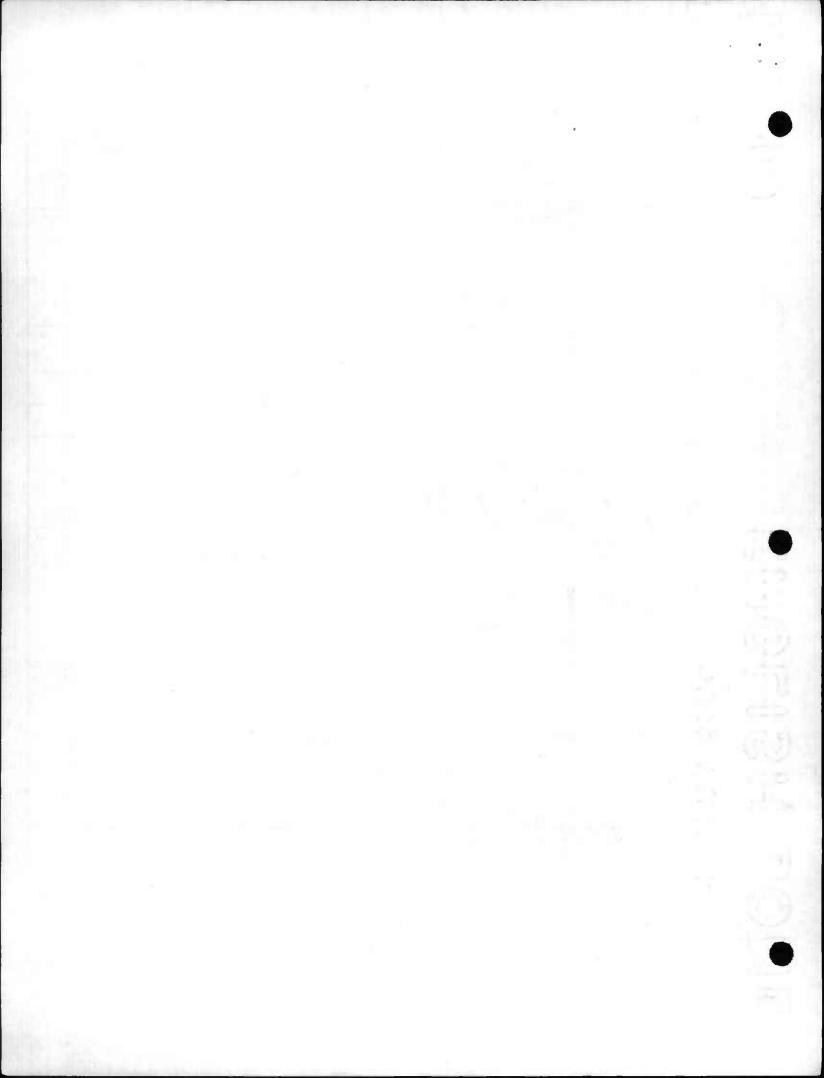
Dr. Halmos 31. DATE FILED (Month, Day, Year)

APR 01

											9		0	83	9
	1 - FOR STATE REGISTRAR	STATE OF N	/ MARYLAND Ce		ICATI				MENTAL	REG. NO.					
- ()	1. DECEDENT'S NAME (First, Middle, Last)						-		MONTH	OF DEATH DA	v	YEAR	3. TIN	E OF DEATH	4
- 3	MILDRED	R.			STU	BY			Marc	ch 31,	199	1	2:	35 P	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	04-					MATE OF BIRTH 8. B Month, Day, Year)			HPLACE	(State or Fon	əign
	215-16-4380	1 □ M 🗶 🤾 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	10-	09-19:	16	Country) MD			
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF E	HTAS		
S	Memorial Hospital	& Medica	al Cente	r	Cu	mber	land				A1	lega	ny		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			I 40. OF	W TOWAL	00 1 0047	1041						10d. INSIDE CITY		
<u>=</u>	MD Allegany Cumberland,												L	IMITS?	
	10e. STREET AND NUMBER	ПУ		Cuit	peri		ZIP COD	E /			10a CIT	TITEN OF	****	YES 2 N	10
FUNERAL	622 Elwood Stree	+				100	L502	E()			US		WHAIC	OUNTRY	
뿔	11. MARITAL STATUS		T (1)(1) (1) (1)	1450	La										_
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1F YES, GIVE WAR OR DATES					If yes, spi		n, Mexica	n, Puerto F	? (Specify Yea lican, atc.)	or No—	Spec		nerican Indiar a, etc.	۱,
	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO)N		16b.	KIND OF BUS	INESS/INI	DUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5	4)		work done se retired.)										
COMPLETED	12		S	ecre	tary	/bool	ckeep	per		Ins./	real	est	ate		
충	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	ME (First, A	fiddle, Maiden	Sumame)				
BEC	Walter Sanner						Ha	zel	Echa	rd					
10 B	190 INFORMANT'S NAME (Type/Print) Mrs. Barbara E.	Robertso	on La	aVal	ACCRES	s (Street a	nd Number	or Runal I	Route Numb	er, City or Town	n, State, Zij	p Code)			
	equ. METHOD OF DISPOSITION ↑ □ Burlal 2 □ Cremation 3 □ Remo	oval from State	20b. PLACE						4-2		berla			nio	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	,	22,	NAME AN	ID ADORE	SS OF FA		Home					
1	· Jones 7	Ycan	all			lumbe	erlar	nd, N	1D 21	502					
	23. PART i Enter the diseases, or consher shock, or heart fallure.	omplications the	ceused the de	eth. Do								Approxima interval Be			
	IMMEDIATE CAUSE (Final	and only one out			-		1	. ,	0	1				Onset and	
	disease or condition resulting in death)	1.	Cor	220	in	Ve /	rec	rely	wil	ma					
		DUE TO	(OR AS A CONSE	OUENCE (PF):			0							
z	Sequentielly list conditions,	b											_		
ERTIFICATION	If any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE (PF):										
<u> </u>	CAUSE (Disease or Injury	C	(OR AS A CONSE	OHENCE (NEN.								_		
	that initiated evente resulting in death) LAST	VOE 10	(ON AS A CONSE	OUENCE (лг).								i		
CER		d											-		
	PART ii. Other aignificant condition						g cause	given in	Part i.	24s. WAS AN		24		AUTOPSY FIN	
PHYSICIAN: MEDICAL		Ren	al fe	ille	re	derir				PERFOR	IMEO?		COMP	ABLE PRIOR T	
ᇤ			0								7		OF DE	YES 2 N	10
2															
¥	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF D	EATH (Ch	eck only on	e)					
25	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4 Nu		6 5 D R	esidence	6 🗆 Othe	r (Specify)					
¥	27. MANNER OF DEATH	26e. DATE OF	FINJURY	28b. TII	WE OF	28c. (NJ	URY AT		_	CRIBE HOW I	NJURY OC	CUREO			_
	1 Netural 5 Pending investigation	(Month, E	Jay, Year)	"	JURY		PRK? YES 2 [□ NO							
D B√	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE (OF INJURY At he	ome, farm,	street, fac	ctory, offic	•			ATION (Street		or or Rural	Route N	lumber,	_
TE	4 Homicide determined	ounding	atc. (Specify)						City	or Town, State)					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best or	f my knowledge, de	ath occur	red at the	time, date	and place	, and due	to the cer	se(s) and me	nner an ste	sted.			
ME	(Check only one) 2 MEDICAL EXAMINE												(a) and (manner as st	lated.
-	286. SIGNATURE AND TITLE OF CERTIFIER		0 0					ENSE NUI						h. Day. Wary	
BE	Refe	my	ali	u	N		100000				1	4/1	19	/	
5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1														

Memorial Hospital Medical Building, Cumberland, MD

32. REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR

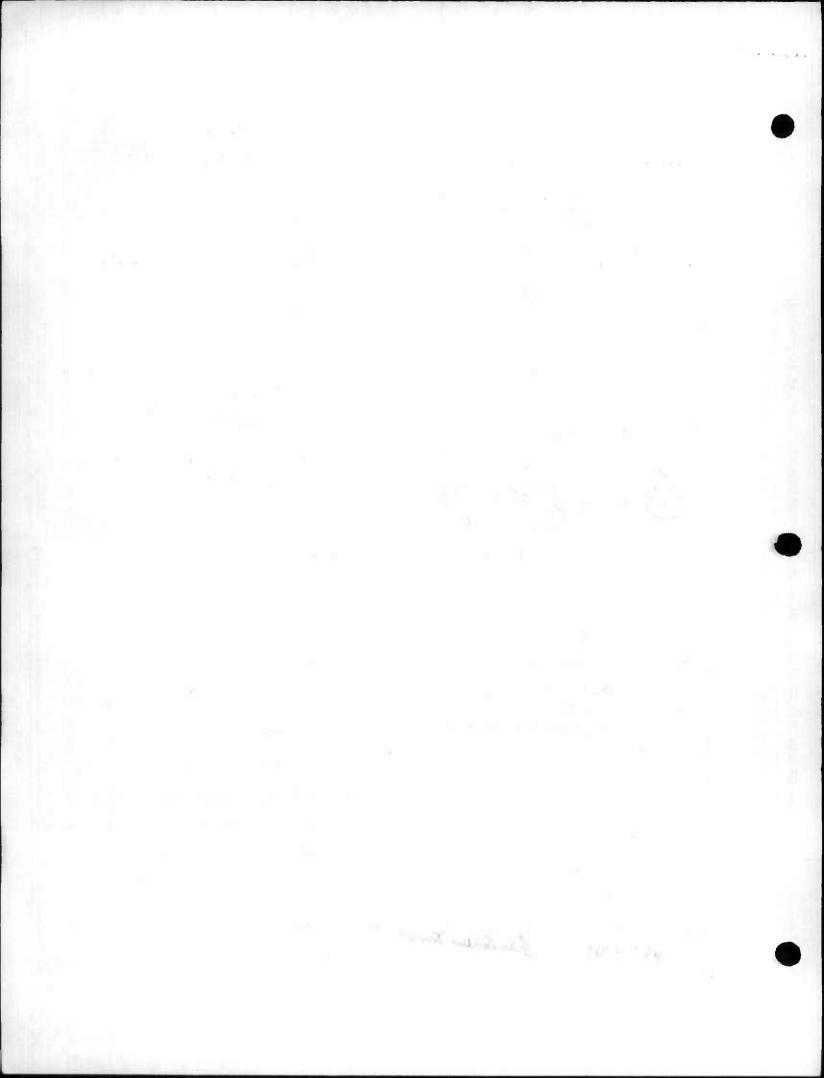
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.			
BY FUNERAL DIRECTOR	MARIE ISABELLE SULCER 2. DATE OF DEATH MIST. 31, DAY1991 YEAR 4:						3. TIME OF DEATH 4:15AM			
	4. SOCIAL SECURITY NUMBER 213-24-8394	5. SEX 6. AGE (79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	. MA	RTHPLACE (State or Foreign		
	90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DE FREDERICK 90. COUNTY OF DE									
	RESIDENCE OF DECEDENT 1006. COUNTY DERICK 1907. C					10d. INSTRUCTION LIMITSO				
	100. STREET AND NUMBER T. 101. ZIP CODE 21701 109. CITIZEN OF WHAT									
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed W4 Divorced	N U.S. ARMED 2 NO 13. WAS DECENDENT O 14 yes, specify Cube ATES 1 YES 2 NO		ecify Cuben, Mexico	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
TED	15. DECEDENT'S EDUC (Specify only highest grade of	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF B	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementery/Secondary (0-12)	HOUSEKEEPING			COL	COLLEGE				
1111	17. FATHER'S NAME (First, Middle, Lest) MERLE HOFFMAN 18. MOTHER'S NAME (First, Middle, Melden Surname) EDITH ETZLER									
TO BE	190. INFORMANT'S NAME (Type/Print) LUCILLE S. ECKER			ADDRESS (Street a		Route Number, City or R AGERSTOWN		MD 21740		
	20e, METHOD OF DISPOSITION BUK 1 Disposition 3 Remo	D. PLACE OF DISPO	ITION (Name of cemetery, cremetery or N MEMORIAL GARDENS NR. FREDERICK,							
	21. SIGNATULE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS LIBERTYTOWN, MD									
EMEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death									
	PART II. Other significant conditions	in the underlyin	g cause given in	PERF	24b. WERE AUTOPSY PERFORMED? VES 2 100 24b. WERE AUTOPS AMAILABLE PRICOMPLETION OF GEATH? 1 YES 2					
SICIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:									
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Return 5 Pending	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)	28b. Til	4 2 Nursing Hon JURY 28c. IN.	IURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOV	ocity) JE HOW INJURY OCCURED			
TED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f, L				LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.									
TO BE COMPLE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT L. GOUGH ROBERT L. FREDERICK ST WALKERSVILLE MD 21793									
	31. DATE FILED (Month, Day, Year) 32. REGISTRANS SIGNATURE June 1997									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mould be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

1 YES 2 NO

Maryland

9c. COUNTY OF DEATH

2:30 PM

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

03/27

Pages 1, 2, 3 shx

DIRECTOR

FOR STATE REGISTRAR

Maryland

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

ETHEL M.

215095789

RESIDENCE OF DECEDENT

31. DATE FILED (Month, Day, Year)

a

Se. FACILITY NAME (If not institution, give street and number)

Good Samaritan Hospital

10b. COUNTY

1 -

pryskcian. burlal-transit permit	E COMPLETED BY FUNERAL	10e. STREET AND NUMBER 11 Gibbons Blvc 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 \(\sum \)	E\$ 2	ARMED	13. W	AS DECE	ZIP CODE 21030 ENDENT OF HISPAN city Cuban, Maxica	IIC ORIGIN? ((Spe
or attending it use as the		3 X Widowed 4 Divorced 1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	IF YES, GIVE WAR O CATION completed) College (1-4 or 5+)		DECEDENT'S U (Give kind of we ille. Do NOT use House	JSUAL OCC ork done due retired.)	UPATION	NO Specify No specify No specify No specify No specify	16b. K	INDO INDO INDO INDO INDO INDO INDO INDO
d be detached for		17. FATHER'S NAME (First, Middle, Lest) Howard F. Scha	nefer		House	WIIC		16. MOTHER'S NA Emma		
ay be retained by page 5 should be to be notified at	TO B	19a. INFORMANT'S NAME (Type/Print) Charles H. Schae	efer		397 B			Number or Rural I	Route Number, terst(Indian, children (COW)
ector,		20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		20b. PLA	er minnel	mas (Ceme		,	
tuneral f. examin		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					Funeral		
e oean centurate be executed writes terraous are of the attending physician and completely filled in the Mental Hyglene prior to burial, cremation, or removal: ijury, or other traumatic event, the medical e	Item 23 shows any injury, or other traumatic event, the SICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or can shock, or heart failure. Immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. SEPTIC DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A COM	III A ISEOUENCE OF ISEOUENCE OF): OF ERI):	AL	BOTH EM	LE	
requires that the speed by the signed by the signed by the shows any in		PART II. Other significant condition HISTIOCYTIC	contributing to dea			n tha und	erlying	cause given in		
rhysician: The la this certificate has with the State Deg rked, or Item 2:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:				ng Home	ACE OF DEATH (Ch		
TENDING PHYS TOR: After this after death with 28 is marked	ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined	28s. DATE OF INJU (Month, Day, 16 28s. PLACE OF IN. building, stc.	JURY — A	28b. TIME INJU	M	WOF 1 Y	RK7 ES 2 NO	28d. DESC 28f. LOCAT City or	101
AL DIRI	COMPLET	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my I					eath occured at the	time, data a	
TO THE HOSPI TO THE FUNER be filed within	TO BE	295. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	Nua	F DEATH		Print))	29c. LICENSE NU	WBER	_

32. REGISTRAR'S SIGNATURE APK 2 '91

SCHAEFER

6. AGE (In yrs. lest birthday)

7 YRS.

5. SEX

1 M 2 F

Baltimore

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

Cockeysville

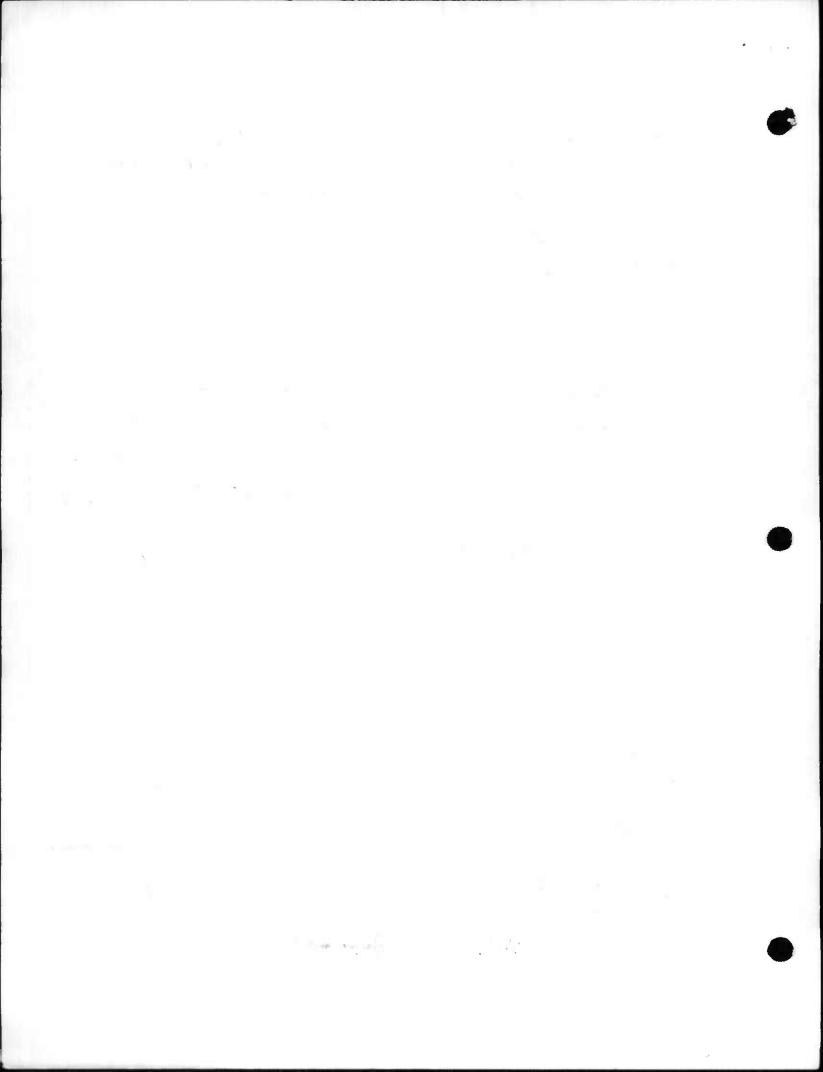
IF UNDER 24 HRS.

Baltimore City

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White OF BUSINESS/INDUSTRY Maiden Sumame) lertmark ty or Town, State, Zip Code) m, Md. 21136 20c. LOCATION - City or Town, State Owings Mills, Md. 1824 Reisterstown Rd. Reisterstown, Md.21136 Approximate interval Batween or respiratory arrest, Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE WAS AN AUTOPSY PERFORMED? YES 2 NO OF DEATH? 1 YES 2 NO ic/fy) E HOW INJURY OCCURED (Street and Number or Rural Route Number, vn., State) place, and dus to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 19 Julia Varidan Rindalle DHMH-16 Ray 1/89



2"91

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	IE	1 09842		
	1. DECEDENT'S NAME (First, Middle, Last) I ro Morr	is Smit	th		2. DATE OF DEATH MONTH D	91	EAR 753 AM		
	005-05-7222	5. SEX 6. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DA MONTHS DAYS HOURS MIN. (M.					BIRTHPLACE (State or Foreign Country) Maine		
TOR	SE. FACILITY NAME (If not institution, give street and number) HOF FORD MEMORIA HOSPITAL HOVER BE GROCE HOFFORD RESIDENCE OF DECEDENT								
DIRECTOR	Maine 106. COUNTY	Oxford	10c. CITY, TOV SOL	on LOCATION 1th Paris			10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 70 Oxford			101. ZIP CODE 04281			N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 ☐ YES 2 🖫 NO Specif	en, Puerto Rican, etc.)	e or No— 14.	RACE — American Indien, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working life. Do NOT use retired.) Meat Cutter				Grocery Store				
BE CON	17. FATHER'S NAME (First, Middle, Leat) Freeman Smith, Sr. 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Florence Whalen								
2	196. INFORMANT'S NAME (Type/Print) David Smith 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RFD, Norway Maine 04268						de)		
	20a, METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND OATE Of DISPOSITION (Name of Community) of Community of								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service 3981 Carrollton Rd., Upperco, MD 21155								
1000	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heert fellure. List pnly one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Out of the condition of the cond								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions of	24b. WERE AUTOPSY FINGINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
B	27. MANNER OF DEATH 1 Netural 5 Pending 1 Accident investigation 3 Suicide 5 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME OF INJURY — At home, farm, street,	28c. INJURY AT WORK? 1 YES 2 NO tectory, office	281. LOCATION (Street and Number or Rural Route Number,				
COMPLETED	4 homicide determined building, etc. (specify) 29e. CERTIFIER (Check only) Certifying PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated.								
BE	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, d 29b. Signature and Title OF Certifier 29c. LICENSE NUMBER 20 1/94					29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATM (ITEM 27) (Sma Orient			- //	1 8101		

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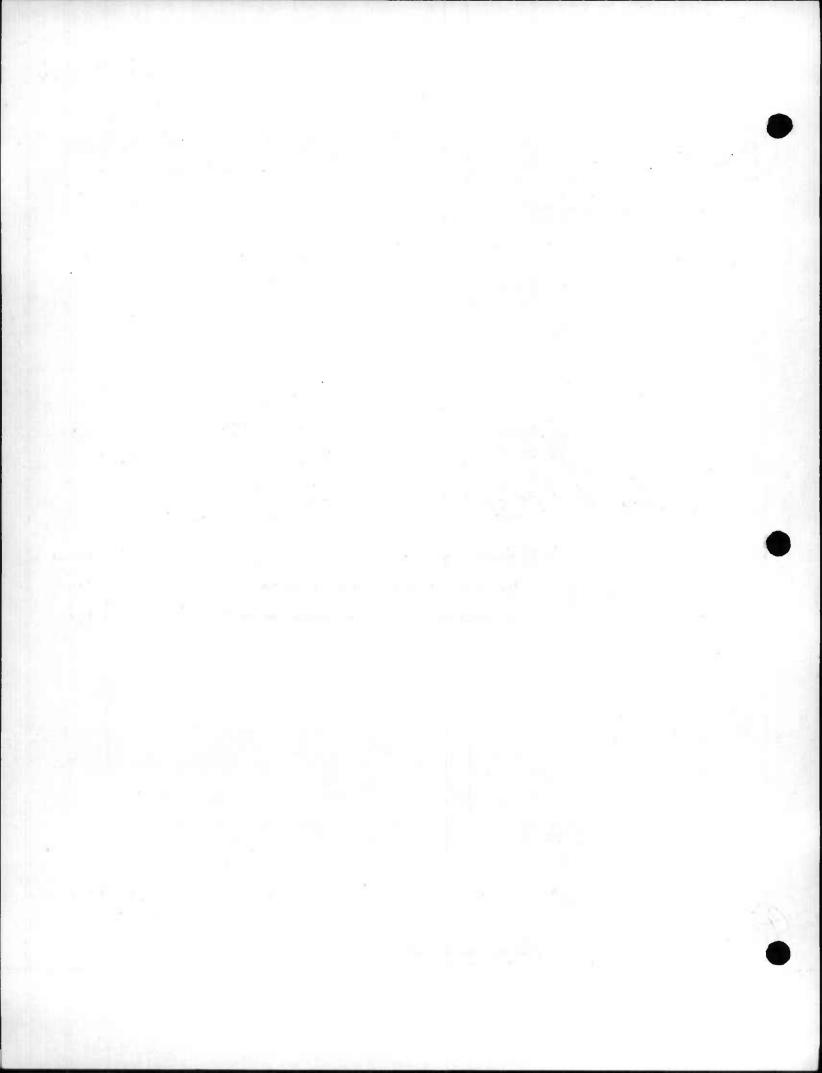
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)	JIMMY	SUT	ron		2. DATE OF DEATH MONTH MARCH 2	DAY 199	year 3:00 A M
4. SOCIAL SECURITY NUMBER 577 66 1456 9s. FACILITY NAME (If not institution, give s	1 XM 2 □ F 42	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) February	8,1949	
PRINCE GEORGES HO		96		LINTON	AIN		Y OF DEATH CE GEORGES
10s. STATE 10b. COUNT	v ce Georges		rown or Locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 10201 Thrift Road			101	20735			ted States
1t. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	It yes, sp-		HC ORIGIN? (Specify on, Puerto Ricen, etc.)		6. RACE — American Indien, Black, White, etc. Specify: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of work life. Do NOT use re Printer	UAL OCCUPATION MODELL OCCUPATI	DN at of working	printi	ng	
17. FATNER'S NAME (First, Middle, Last) JAMES PHILLIP SUT	TON				ME (First, Middle, Meid ETH MASON	en Surname)	
190. INFORMANT'S NAME (Type/Print) YVONNE SUTTON	(WIFE)				Route Number, City or 1		100
20a METNOD OF DISPOSITION 1 Sourial 2 Cremetion 3 Rep 4 Donetion 5 Other (Specify)	3726791 WA	PLACE OF DISPOSITION OTHER PLACE OF DISPOSITION	NATION	AL CEMET	ERY SUI		ty or Town, State MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LI	Kyres	M859	ALEXA 2617	Pennsylv	POPE FUNE ania Aven	ue, SE	DC 20020
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Renal DUE TO (OR AS A	consequence of):				apiratory arres	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. U du po OUE TO (OR AS A	CONSEQUENCE OF):	of ciel	conce po	utes teres		Nyv
PART II. Other eignificent condition	na contributing to death bu	at not resulting in	the underlyin	g cause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:		THER:	ACE OF DEATH (C)			
27. MANNER OF DEATH 1 🖾 Natural 8 🗆 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HO	M INJURY OCCU	PRED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre		YES 2 NO	28t. LOCATION (Stre City or Town, Str	et and Number of	r Rural Route Number,
and and	HENAN: To the best of my knowle						1. ceuse(e) and manner as stated.
200. BIGHI FUR AND TITLE OF COMPANY				29c. LICENSE NU	MBER		SIGNED (Morith, Day, Year)
	ARD GILMAN	3800 Rese		Road, Was	shington,	D.C. 20	0007
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TOME DO					



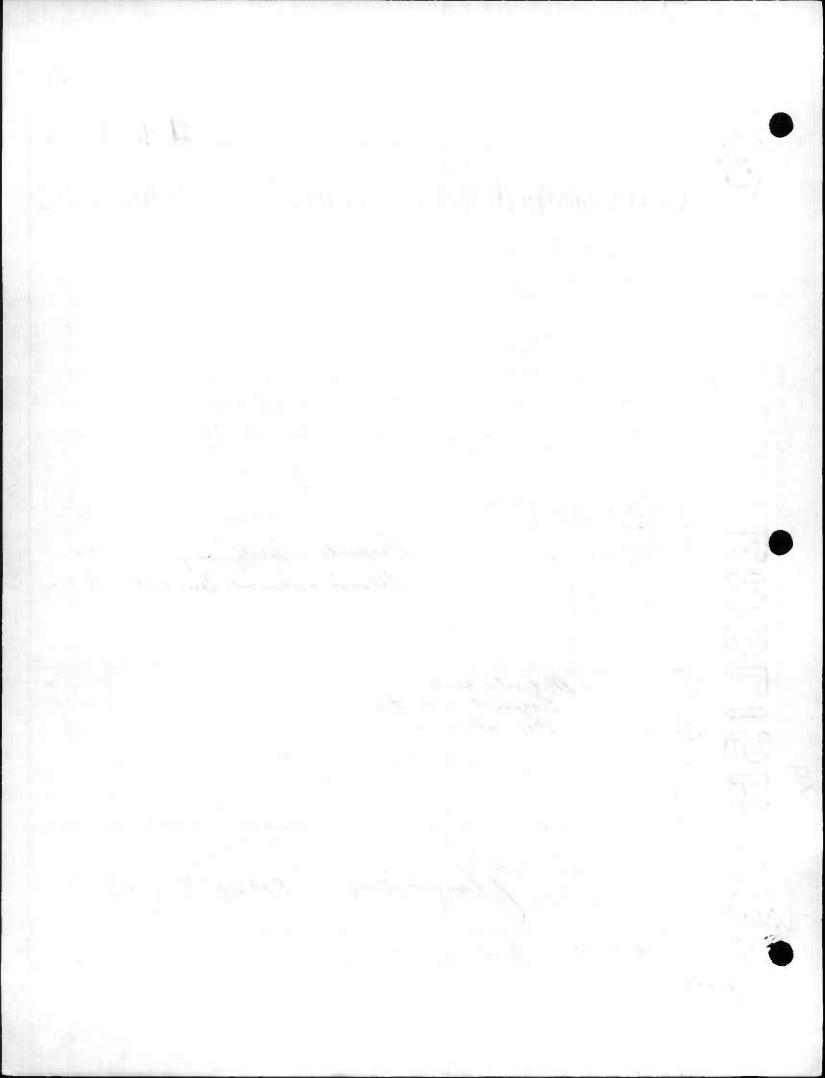


		1. OECEDENT'S NAME (AND LOS	W.	SC	hell			TE OF DEATH DAY	21 9	t 3.73	ME OF DEATH
(P)	4. SOCIAL SECURITY NUMBER 577~58-5225		E (In yrs. Ias 76		EAR IF UND AYS HOURS	ER 24 HRS. 7. DA	TE OF BIRTH Onth, Day, Year) V / 11 / 191	14 T	PRITHPLACE Country) Cemon	E (State or Foreign
2. 3 stplid	CTOR	SOUTH RAN MA	RVIAND F	USP	96. CTY, TO	NOT LOCA	TION OF DEATH		POUNTY		eorges
ages 1,	tu I	10a. STATE 10b. COU			10c. CITY, TOWN OR	OCATION				-	INSIDE CITY
permit. P	AL DIRI	MD Pri	nce George		Suitland	101, ZIP CO	DE		10g. CITIZEN		YES 2 NO
ist.	ERA	3819 St. Barnab	as Road #T-1			20746	5		USA		
LAND 21215-UUZU the hospital or attending physician. detached for use as the burial-transit once.	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. AR S 2 1 h DATES	10 If y	DECENDENT He, apocify Cui YES 2 A	OF HISPANIC ORI ban, Maxican, Puer O Specify:	GIN? (Specify Yes o to Rican, a1c.)		Black, Whit Specify:	merican Indian, ia, atc. hite
CTZTZ	TED	15, DECEDENT'S E (Specify only highest gri		(G	CEDENT'S USUAL OCCI			16b. KIND OF BUSI	NESS/INDUST	FIY.	
Spital or ed for	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		hinist			federal	gover	nment	
the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)					THER'S NAME (Fin	st, Middle, Maiden S	-		
ज द द	BE	James A. Schell 19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDRESS (S		hel Wock		State 7in Coo	fe)	
or retained to 5 should a notified	2	James C. Schell		1	409 Church					,	2401
Page 6 may be ral director, page		20a. METHOD OF DISPOSITION 1 M Burtel 2 Cremetion 3 R			ANO OATE OF OISPOS			ATE 20c. LOC	ATION City		tota
Page 6 m al director,		1 M Burtel 2 Cremetton 3 Removel from State Greenetary, cremetory, cremetory or other place) German Reformed Cemetery 3/24/91 Tremont P 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert E. Wilhelm Funeral Home									
BAL I IN ter death. Pag the funeral of oval.		* Robert 8	n. Wilho	lm	/		. wiinei Marylan		al Hom	е	
24 hours at filled in by sion, or remother the medic.		23. PART I. Enter the diseases, shock, pr heart failured immediate CAUSE (Finel disease pr condition resulting in death)	e. List only one cause on	eech line							Approximate Interval Between Onset and Deeti
BOX 68/60, cate be executed within hysician and completely prior to burial, cremator traumatic event, in traumatic event,	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSE	OUENCE OF):	ne o.	6strue 4	or len	z dese	ear	8411.
eath certific attending p rtal Hygien y, or othe	CERTIF	that initiated events resulting in deeth) LAST	dd.	S A CONSE	DUENCE OF):						
LICORDS, uires that the deal signed by the att Health and Menta ws any injury,	MEDICAL (PART II, Other algnificent condit	lona contributing to deeth			rlying cause	e given in Part i	24a. WAS AN / PERFORM	MED?	AWAII	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?
S of se			the pocal							1 🗆	YES 2 NO
N: The law ricate has be State Dept.	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		2070	OTHER:	26. PLACE OF	DEATH (Check only	y one)			
SICIAN: The certificate he the State I	PHYSICIAN:	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/O		DOA 4 Nursin	Home 5 🗆	Residence 6 C	ther (Specify) DESCRIBE HOW IN	IIIBY OCCUP	E0.	
IG PHY of this ath with with	BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	"	INJURY	WORK?	! NO	OCATION (Street a			Number
OR ATTENDIN ORECTOR: An hours after de item 28 is n	ETED.	3 Suicide 8 Could not determined	building, etc. (S	pecify)		381-3		Olty or Town, State)			
1422年	COMPL	cool city	IYSICIAN: To the best of my kn							ouse(s) and	manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	BE	296. SIGNATURE AND TITLE OF CERTI	1.4	aup	I Juny	/ 29c. L	JO9	610	29d. DATE SI	GNED (Mog	th, Day, 1941)
(2)	10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATHGITE	M 27) (5,00, Print)					*).	-
		31. DATE FILED (Month, Day, Year) MAR 26 '91	32. REGISTRAR'S SI Julia Davi		Pandell.						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

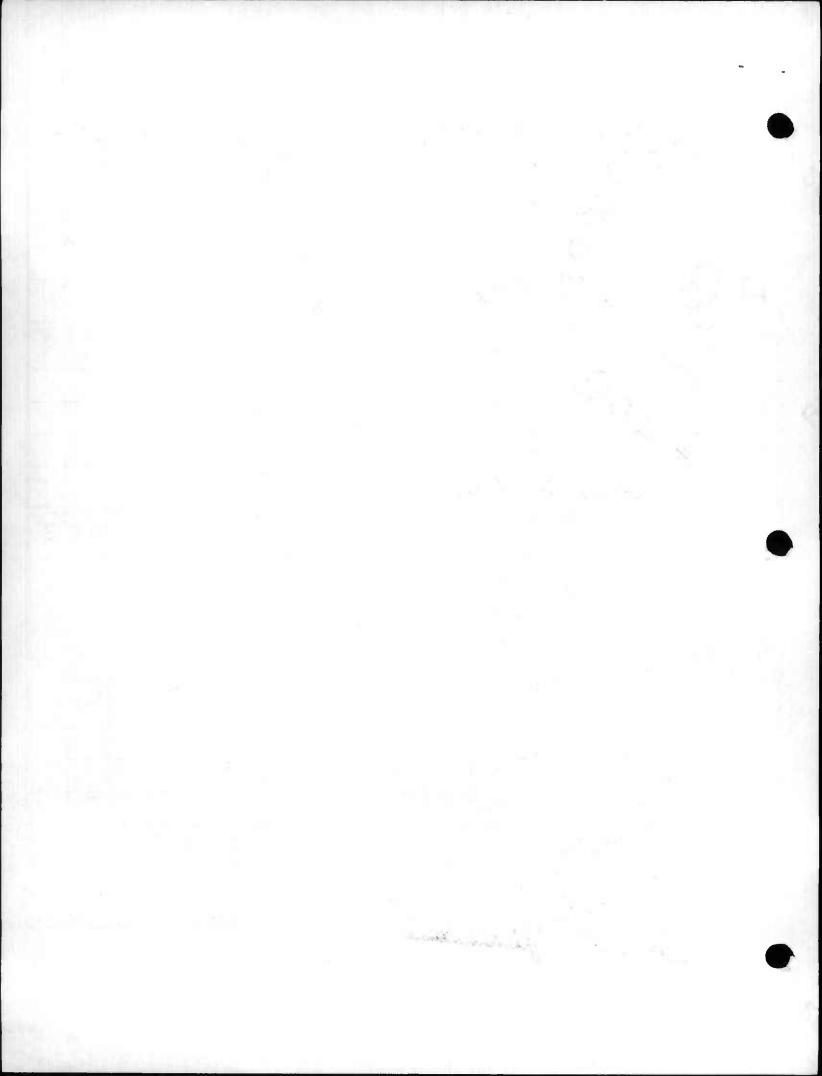
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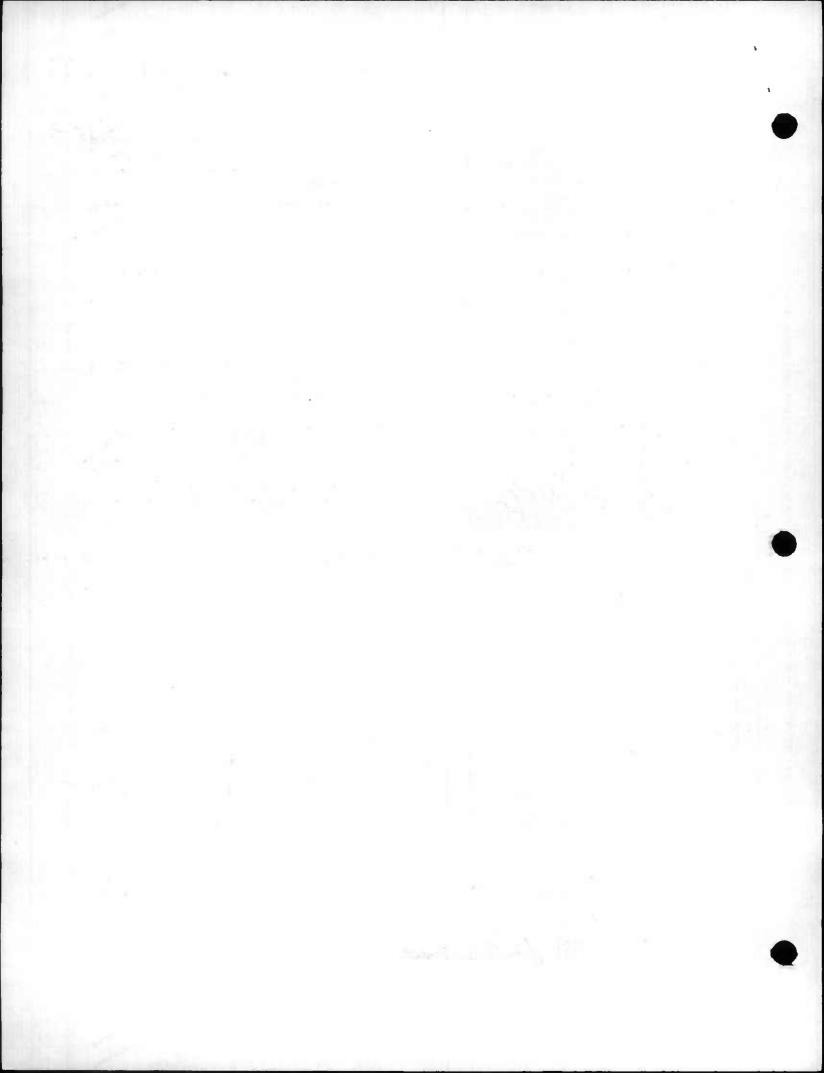
באבווואסחב, ווואחו באוום	ours after death. Page 6 may be retained by the hosp	I in by the funeral director, page 5 should be detached removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.C. BOX 15149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, rours after death. Page 6 may be retained by the hosp	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the many many processes the following the	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIENI REG. NO.	Ε .		
!	1. OECEOENT'S NAME (First, Middle, Last)	Shock		. -		2. OATE OF DEATH DA	9 - 91	3. TIME OF DEATH 7 45 A M	
1	4. SOCIAL SECURITY NUMBER 227-12-5357		(In yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-3-1918	Cou	THPLACE (State or Foreign nitry) rginia	
BO	9a. FACILITY NAME (If not institution, give: Howard County Gen		1		OR LOCATION OF OE UMbia	EATH	9c. county of DEATH HOWARD		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Ca	rroll	2.5	y, town on Loc Westmin				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 205 St. Mark's Wa	ıy			01. ZIP COOE 21157	10g. CITIZEN OI	WHAT COUNTRY?		
B≺	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER I FORCES? 1 YES IF YES, GIVE WAR OR D	IN U.S. ARMED 2 NO DATES ALMY	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica S 2 D NO Specify		s or No- 14. RACE - American Indian, Black, White, stc. Specify:		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grad Elamentary/Secondary (0-12)	JCATION completed) Cottege (1-4 or 5+)	Ille. Do NOT u	work done during a se retired.)	nost of working	16b. KIND OF BUS			
COMP	12th grade 17. FATHER'S NAME (First, Middle, Lest) Kenneth G. Shock	lev.	Binai	ng Form	18. MOTHER'S NA	Langley ME (First, Middle, Melden V. Wilson		rce Base	
TO BE	19a. INFORMANT'S NAME (Type/Print) Kay W. Martin	ecy			t and Number or Rural	Reistersto		21136	
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	b. PLACE OF OISPO other place) EMORY U.		emetery, cremetory or metery	erco, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074								
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition rasulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST September 100 (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Mainutifum due to anorexia								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	teart dus		in the underly	ing cause given in	Part I. 24s. WAS AN PERFO!	BMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C				
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	JURY	NJURY AT WORK?	28d. OESCRIBE HOW	NJURY OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR		street, factory, o	ffice	281. LOCATION (Street City or Town, State		riil Route Number,	
COMPLETED	(Crieck only	SICIAN: To the best of my kno NER: On the basis of examinati			•			se(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFI	HIGHATURE AND TITLE OF CERTIFIER WHY CHURUM M D 18327 29d. DATE SIGNED (Monty), 1 3 29						NED (Month, Day, Year)	
_		THE MATIAL 12. REGISPHAR'S SIG	u ; 40		Ikens	Are #2	02 B	alt 21229	
	ADD: 1 'Q1	Julia Devictor	- Shirtson						



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SHOUND		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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AnySicial and completely lined in by the funeral of		examine
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pretery	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	rent,
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certificate has been signed by the different	Dept.	23
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	FOR 1 STATE	STATE OF N	MARYLAND /						MENTAL	. HYGIEN	E		09846
	REGISTRAR		CE	RTIF	ICATE	OF	DEA	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)		y Ellen		er				MONTH	ch 27,	199	YEAR	3. TIME OF DEATH 5:35 P. M
	4. SOCIAL SECURITY NUMBER 219-20-2716	5. SEX 1 ☐ M 2 ☐XE	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	AVE HOLEDO MINI (M			Day, Year)	918	8. BIRTHI Country Md	
	9a. FACILITY NAME (If not institution, give st				9b. CITY,			ON OF DE	ATH		9c. COU	NTY OF DE	EATH
Ö.	Frederick Memor	rial Hos	pital			Fr	eder	ick			F	reder	rick
DIRECTOR	10a, STATE 10b, COUNTY	ederick		10c. CIT	Y, TOWN O								10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	4 S. Church	St.				101	ZIP COD	2176	9	10g. CITIZEN OF U.S.A			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR YES 2 X	MED	1	f yes, sp	ecity Cubi		n, Puerto F	? (Specify Yes licen, atc.)	or No—		- American Indian, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON at all world	00	18b.	KIND OF BUS	SINESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6	+) ///o.	ooke	se retired.)	Juling Ho	at or works		I	olumbi	ng co	ompan	ny
BE CO	17. FATHER'S NAME (First, Middle, Lest) Willard N	M. Beall					The Table			Middle, Malden Singer			
TO B	19a. INFORMANT'S NAME (Type/Print) Paula K. Ross		191	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Numb	er, City or Town	n, State, Zip		
-									ddlet	own,		2176	
	20a. METHOD OF DISPOSITION 1 DE Burlel 2 (1) Cremation 3 Hame 4 Donation 5 Other (Specify)	form form	ed Ce	emet	ery				iddle		vn, State 1, Md.		
	21. SIGNATURE OF TOUR RALL SERVICE CENTER 22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md.								e 21769				
										Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significent condition	s contributing to	death but not r	resulting	In the un	deriyin	g ceuse	given in	Pert I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL									_	1 YE\$ 2	E-NO		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF C	DEATH (Ch	eck only on	e)			
rsic	1 TES 2 DATO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nun		10 5 🗆 R	esidence	6 🗆 Othe	(Specify)			
ВУ РН	27. MANNER OF GEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, L	FINJURY Day, Year)	28b. TIA	JURY M		URY AT PRK? YES 2 [_ NO	26d. DES	CRIBE HOW I	NJURY OC	CUREO	
	3 Suicide 6 Could not be determined	28e. PLACE (building,	OF INJURY — At he , atc. (Specify)	me, farm,	street, fact	ory, offic	•			ATION (Street I or Town, State)		or Rural R	oute Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE												and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Milhael & Min		no					T/O			29d. DAT	E SIGNED	(Month, Day, Year)
T0	30. NAME AND ADDRESS OF PERSON WHO					.16						, /	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	00	CC 100	271,	ML	J,					
	APR 05 1991 Julia Savidron Randelle												



	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND	/ DEPAR	RTMENT O	F HEAL	TH AND	MENTA	AL HYGII				
	1. DECEDENT'S NAME (First, Middle, Last) GARY	W.			SMI			MON	e of death	DAY	YEAR 1 0 0 1	3. TIME OF	DEATH 2 p.m.
)	4. social security number 292-44-1008	5. SEX 1 X M 2 F	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 Y	EAR IF U		7. DATI	E OF BIRTH ofth, Day, Year,	1947	8. BIRT Coun	HPLACE (State try) 110	
NO	9a. FACILITY NAME (If not institution, give s 1606 Dublin Driv				Silve		cation of d	EATH Se. COUNTY OF D					
BY FUNERAL DIRECTOR		gomery		10c. CITY, TOWN OR LOCATION S3.1ver Spring								10d. INSIDI LIMITS 1 TYES	3? 2 ∭ NO
NERAL	1606 Dublin Drive	12, WAS DECEDENT EVER IN U.S., ARMED				10f, ZIP (2090		Uni	ited	State	S
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. I YES 2) WAR OR DATES	☐ YES 2 NO If yes, specify Cuben, Mexicen,				offy: Specifi			E — America ck, White, etc. clly: Vhite	n Indien,	
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)				work done duri	ng most of w	vorking	16		BUSINESS/IN	-		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Clifford H. Smith					18.	мотнек's N Sarah		, Middle, Mai	den Surname)	-		
TO B	190. INFORMANT'S NAME (Type/Print) Clifford H. Smit	h			ADDRESS (S							3	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Holly Memorial Gardens 20e. Location - City or Town, State Colerain, Ohio												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ellen L. Remp Funeral Home 322 North Main Street, Bethesda, OH 437]									43719			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final									Applinter Onse	roximata rval Between et and Death YTS.		
TION	DUE TO (OR AS A CONSEQUENCE OF): Acquired Immune Deficiency Syndrome DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								6	yrs.			
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CON	SEOUENCE (OF):								
MEDICAL	PART II. Other algnificent condition	na contributing to	o death but n	ot reaulting	in the unde	riying cau	use given i	n Part I.	V PER	S AN AUTOPS FORMED? S 2 NO	Y 24	AWAILABLE	ON OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpation	t 3 🗆 DOA	OTHER:		OF DEATH (C	-					
ВУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		F INJURY Day, Year) OF INJURY — A		M	WORK?		act to		OW INJURY C		il Route Numbe	W
LETED	3 Suicide 6 Could not be 4 Homtcide determined	building	, etc. (Specify)					G	lty or Town, S	(Teto)			,
COMPLET	(Check only one) 2 MEDICAL EXAMIN											e(e) and mann	er ee stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Christopher McMackin, M.D. 2112 F Street, N.W., Washington, D.C.

32. REGISTRAR'S SIGNATURE
Juha Daydon-Jandall

29c. LICENSE NUMBER

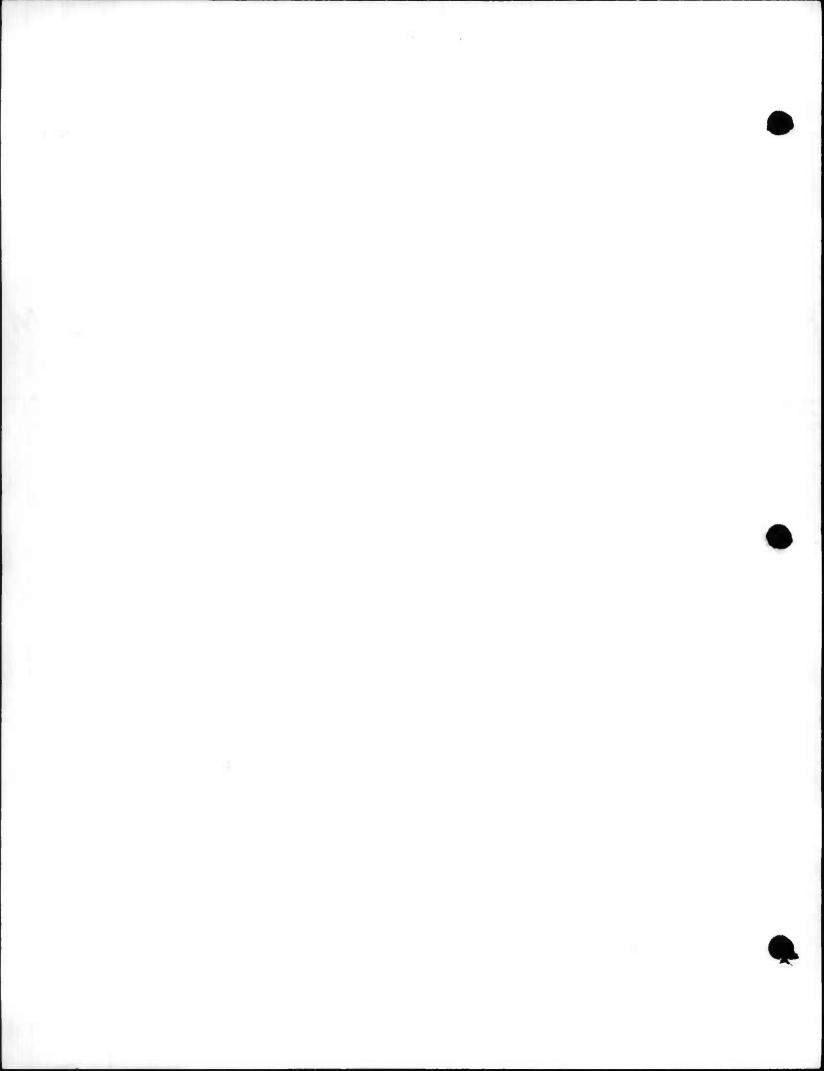
10

BE 2 29b. SIGNATURE AND TITLE OF CERTIFIES

31. DATE FILED (Month, Day, Year) MAR 19 9

29d. DATE SIGNED (Month, Day, Year)

20037



3. TIME OF OEATH
0146

POTOMA

MO 20859 DHMH-16 Rev 1/89

2. OATE OF OEATH MONTH

3

HULL CANE -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

J

31. DATE FILED (Month, Day, Year)

APR 3 - '9

INEZ

32. REGISTRAR'S SIGNATURE
Guha Dandy Andelle

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	1	filled Ir	DU, Or
.62.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled In	the filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or re-
2	exec	and	なり
DIVISION OF VIEW PECCHES, 1.0. DOX 10149,	ertificate be	ing physicial	rgiene prior
	death c	attend	ental Hy
5	at the	by the	and Me
	nires th	signed	Health a
1	aw req	s been	ent. of
2	V: The I	cate ha	State D
	SICIA	s certifi	th the
)	G PH	er this	ITH WI
2	TENDIN	DR: Aft	ther dea
	OR AT	DIRECT	Pours 2
	HOSPITAL	FUNERAL	within 72
	THE THE	TO THE	half ad
		*	-

P		4. SOCIAL SECURITY NUMBER 577-56-2616	5. SEX 6.	AGE (In yrs. Ias 48	t birthday) YRS.	MONTHS 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, MARCI	Day, Year)	1943	Country)	E (State or Foreign
ال	á	9a. FACILITY NAME (If not institution, give str	reet and number)	40		9b. CITY,	TOWN 0	R LOCATION OF DE		1 12,		Y OF DEATH	
	E	SHADY GROVE A	DVENTIST			Pho	K	VILLE	Mr		MOAT	TGO	MERY
	стоя	RESIDENCE OF DECEDENT	DATMITOI			NO.	7/	11	7	,	70,070	7 00	PILI
.	DIREC	10a. STATE 10b. COUNTY	MONTHOONER	**	10c. CIT	Y, TOWN OF			TNO			10d.	INSIDE CITY
		MARYLAND	MONTGOMER	Y				LVER SPR	LING				YES 2 NO
	FUNERAL	10e. STREET AND NUMBER	AD #1.				101.	. ZIP CODE 209	0.1		10g. CITIZE	USA	COUNTRY?
	W	8806 BRADFORD RO.	AD, #4	ED IN U.S. AD	1150	40.00	10.050	ENDENT OF HISPAN		400 14 - W			
	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 X		If.	yes, ap	ecify Cuban, Maxical 2 NO Specify	n, Puarto Ri		or No.	Black, Wh Specify:	American Indian, lita, atc. WHITE
	8	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(G	ive kind of	USUAL OC	CUPATIO	ON st of working	16b.	CIND OF BUS	SINESS/INDUS	STRY	
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us								
once.	M	9		HC)MEMA	KEK							
at on	- 1	17. FATHER'S NAME (First, Middle, Last)	137 127	DC				16. MOTHER'S NA	ME (First, M	ddle, Maiden			
	B	ERTHEL 19a, INFORMANT'S NAME (Type/Print)	FIEI		- MAILING	ADDDESS	(Ptenet e	ETHEL	Davida Moraba	o Chu as Fau	DEAN		20901
notified	2		ERLIN (HUS										
8		20s. METHOD OF DISPOSITION	EKLIN (1102	SBAND) 8806 BRADFORD ROAD, 20b. PLACE OF DISPOSITION (Name of committee), cremetory or				77 7 9 1		CATION — CI			
must		1 Denation 5 Other (Specify)	oval from Stata	other pl	ace)	OLN (BRENTWOOD, MARYLAND				
		21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					O AOORESS OF FA		TELLINITEL	241 110	ME T	NC
examiner		> ZelisH (Varlas,					S J. COL					MD 20901
		23. PART I. Enter the diseases, or c	omplications that co	used the de	sth. Do								Approximate
S E		ahock, or haart failure. I	List only one cause	on aach lins	i.						·		Interval Batween Onset and Death
cremation,		disease or condition	865	che.	NO.	en	do	my ?				j	house
i, crema event,		resulting in death)	DUE TO (OF	I AS A CUNSE	OUENCE O	HF1:		/			1/4	1	0
	z		Ruch	terre	1 0	540	eu	sx Pe	eu/	me	Ms		tionen
rior to buri	2	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	CERTIFICATION	CAUSE (Disease or Injury	ower								tui	à flac	
giene p	H	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSE	OUENCE O	r):	1	21.2	1		land.		_ /
tal H,	E I		, o race	u/L	1/4	m Delugdea m relectify				1 mon/			
d Menta Injury,	_	PART II. Other significant condition	s contributing to de	ath but not i	resulting	In the unc	dariyin	g causa given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
amy (MEDICAL	nuestic	· Deh	end	eer	cy	' _		_	1 TYES 2		CON	RLABLE PRIOR TO MPLETION OF CAUSE DEATH?
Heal W	빌		/			/							YES 2 NO
0 4	AN: N								_				
tate Dept. Iem 23 s	CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH (Ch	eck only one)			
the Sta	70	1 YES 2 NO	HOSPITAL: 1 1 inpatient 2 El	R/Outpatient 3	□ DOA	OTHER 4 Nurs		ne 5 🗆 Residence	6 🗆 Other	(Specify)			
ed d	PHY	27. MANNER OF OEATH	28a. DATE OF IN. (Month, Day,		28b. TIR	JURY		JURY AT ORK?	28d. DES	CRIBE HOW	NJURY OCCU	RED	
marked,	B	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 NO					
hours after death with item 28 is marked,	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, ato	NJURY — At he . (Specify)	ome, farm,	atreet, facto	ery, offic	:0	281. LOCA City o	TION (Street r Town, State)	and Number o	r Rural Route	Number,
hours a	E	29a. CERTIFIER											
72 h	COMPLE	(Check only	CIAN: To the best of my										
INT	8	2 MEDICAL EXAMINE		ilination and/or investigation, in my opinion, death occured at the fin					the time, data and place, and due to the cause(a) and manner as stated.			J manner as stated.	
be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI					nth, Day, Year)
M P	0	/ Cerox were	un a	ur _		- 714		000	95	7	4	11/9	/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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PHYSICIAN: The Law requires that the death certificate be executed within 55 mous arest death. Page to may be retained by the hospit	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		the second secon
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After the death

FUNERAL DIRECTOR: A within 72 hours after of

THE FIRST

23

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED-(Month, Day, Year)

191 CO 900

Howard N. Weeks, M.D., 580 Northern Avenue, Hagerstown, Md.

whia Davidson-Randsee

32. REGISTRAR'S SIGNATURE

OR ATTENDING

09849 Item:11,per F.H 11/20/91 G-681 reb 1 . FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH April 2, YEAR **1**991 Derek Martin Schoen 5:00 P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
August 18, 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS MIN. Indiana 1 M 2 - F 1935 217-30-7131 VBS Se. FACILITY NAME (If not Institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Washington County Hospital Washington DIRECTOR Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 TYES 2 1 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 510 A Lynne Haven Drive 21740 USA 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married specify: white BY 4 Divorced 3 Widowed 16e. DECEDENT'S USUAL OCCUPATION
(Ghas kind of work done during most of working) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years 4 vears iournalist U. S. Government 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumerne) Myldred Teague Rov Monroe Schoen to BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 318 Sycamore Road Dekalb, Il. Lorraine A. Schmall 9 20a. METNOD OF DISPOSITION
1 | | Burlel | 2 | Cremation | 3 | Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION -- City or Town, State Restation Cemetery Hagerstown, Maryland outlon 5 Other (Specify) TURE OF FUNERAL SERVICE LICENSEE Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Be Intraabdominal and thoracic injuries sudden resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES ZYCKNO 1 | YES 2 | NO PHYSICIAN: 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: NES 2 NO 1 ☐ Inpetient 2 ☑ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 1 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 8 Pending Investigation 4/2/91 5:00 PM 1 YES 2 X NO Motor vehicle accident BY 2 Accident
3 Sulcide 26s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 8 Could not be COMPLETED I70 Ridge Rd., Fred. Co. Highway 4 Nomicide 28 item 2 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. IMPORTANT: H 2 SMEDICAL EXAMINER: On the badis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D11266 4/5/91 2

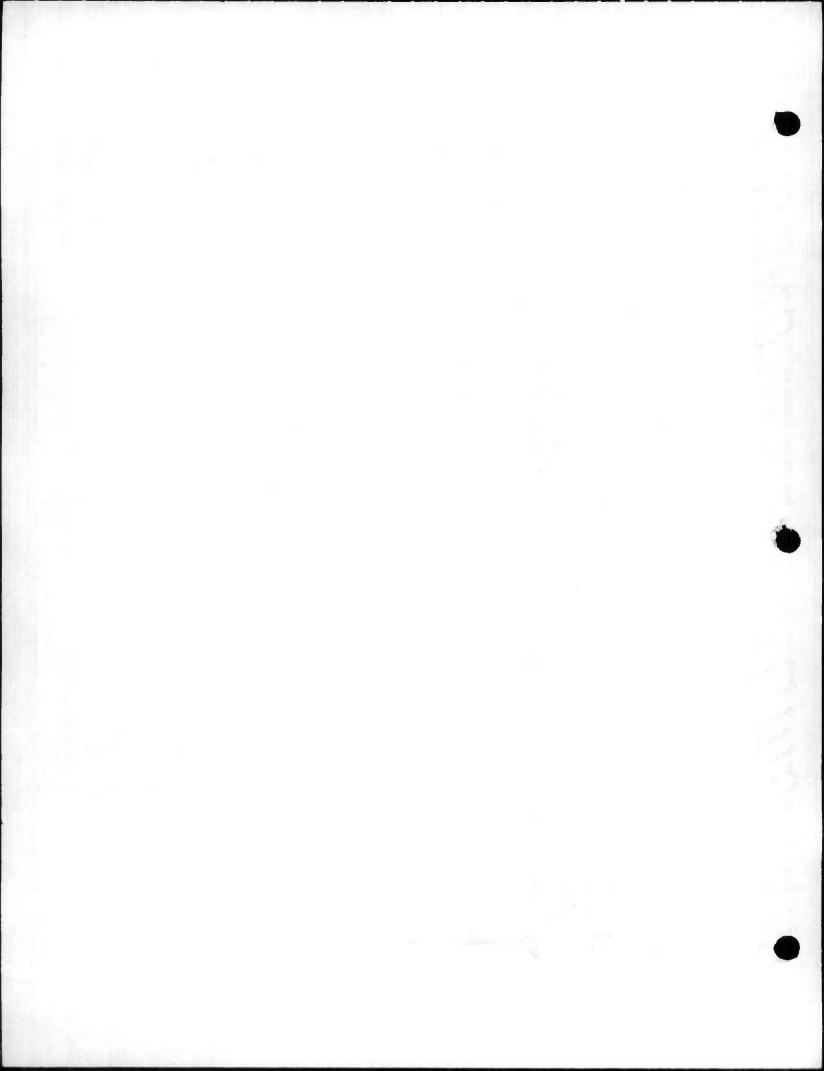
DHMN-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG. NO

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIENE REG. NO.	J 1	03030	
1	1. DECEDENT'S NAME (First, Middle, Lest)	I WAITER	516	0 ps		2. DATE OF DEATH DAY	4 9	3. TIME OF DEATH	
)	4. SOCIAL SECURITY NUMBER 199-32-1210 9e. FACILITY NAME (If not institution, give	1 0 M 2 - F 4	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/17/1943		BIRTHPLACE (State or Foreign Country) Vaynesboro.PA	
HOI	Washington Count Hagerstown Hosp RESIDENCE OF DECEMENT		90.	Hager			Washington		
DIRECTOR	10a. STATE 10b. COUNT			www on Locat				10d. INSIDE CITY LIMITS? t YES 2XXNO	
	10e. STREET AND NUMBER		1 1 1 1		ZIP CODE			N OF WHAT COUNTRY?	
BY FUNERAL	359 Strickler 11. MARITAL STATUS 1 Never Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spi	17268 ENDENT OF HISPANIC pelfy Cuben, Mexican, 2 (XNO Specify:	ORIGIN? (Specify Yea o Puerto Rican, etc.)	-	J. S.A. RACE — American Indien, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Vears	18a. DECEDENT'S USU (Give kind of work of the Do NOT use ret) Programme	done during mo- ired.)		166. KIND OF BUSH		TRY	
	17. FATHER'S NAME (First, Middle, Lest)	777				E (First, Middle, Maiden Si	umame)	10	
BE	19e. INFORMANT'S NAME (Type/Print)	Harry M. Stoo		PRESS (Street a		t E. Schro		ode)	
2	Linda K. Stoops					ynesboro,			
	20e. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	PLACE OF DISPOSITIO other place) Ount Zion					ownship, PA	
	21. SIGNATURE OF FUNERAL SERVICE IN		30310 232011	22. NAME AP	D ADDRESS OF FACI				
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	icory stress	t, Approximate Interval Between Onset and Death Such Le H						
A.	PART II. Other significant condition	na contributing to death be	ut not resulting in ti	ne underlyin	cause given in P	Part I. 24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp		HER: Nursing Hon	ACE OF DEATH (Chec	-2	JURY OCCU	froffice'	
BY	Netural 5 Pending Pending Investigation	28e. PLACE OF INJURY		M 1 🗆		28f. LOCATION (Street or City or Town, State)	nd Number or	Rural Route Number,	
COMPLETED	CORDON OFFIN	SICIAN: To the best of my knowl						Account on the last of the las	
TO BE	29b. SIGNATURE AND TITLE OF CONTIN	Relake			29c. LICENSE NUMB	266	29d. DATE :	SIGNED (Mogth, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON W	Weeks	58	no Nor	Thou Az	HAgos	stous	, led	
	31. DATE FILED (Month, Day, Year) APR 0 5 '91	32. BEGISTRARE SIGN.	ATURE PANDALL			/			



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notified 8 must examiner medical 10 the cremation, nding physician and completely Hygiene prior to burial, crematic event. traumatic other the attending p 10 any injury, signed by the Shows Dept. of h

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

THE ATTENDING PHYSICIAN: The

DIVISION OF

this certificate hi Hem

After t

FUNERAL DIRECTOR: within 72 hours after

TO THE FUNERAL C
TO THE FUNERAL C
De filed within 72 h
IMPORTANT: If It

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marked,

69

28 Item

91 09851 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 3/9/91 3. TIME OF OEATH 1. DECEDENT'S NAME (First, Middle, Last, LAWRENCE 4.27AM F. SUIT 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1√∑ M 2 ☐ F YRS. April 28 578 42 9332 1934 Washington D.C 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR PRINCE GEORGES HOSP. CENTER PRINCE GEORGES CHEVERLY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince Georges 1 YES 2 NO Upper Marlboro 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 17411 Central Ave. 20772 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No --If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: M 1XXNever Married 2 Married SpecHy: White No BY 3 Widowed 4 Divorced 1956-1958 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade compl Elamentary/Secondary (0-12) College (1-4 or 5+) Plumber Contracting 18. MOTHER'S NAME (First, Middle, Malden Surname) 17, FATHER'S NAME (First, Middle, Last) Margaret McGarry Roy Jackson Suit BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2001 Brewton Street District Heights Md. 20747 Edward J. Suit 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State Resurrection Cemetery Clinton Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 16000 Annapolis Rd. Bowie Maryland 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximata Interval Between ahock, or heart fellure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition_ ypovemia resulting in death) Keman CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING pronchagen DIR TO YOR AS A CONSEQUENCE OF CAUSE (Disease or Injury that initiated events resulting in death) LAST

PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part I. line

24a. WAS AN AUTOPSY PES 2 NO

281, LOCATION (Street and Nu

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 100

25.	WAS	CASE	RE	FERREO	TO	MEDICAL
		MINEF				
	1 🗌	YES	2	NO		

5 Pending

Investigation

27 MANNER OF DEATH

1 Natural
2 Accident

3 Suicide

4 Homicide

ent 2 ER/Outpatient 3 DOA 28a, OATE OF INJURY Day, Your)

28e. PLACE OF INJURY - At home, farm, street, factory, office

OTHER: 28b TIME OF

M

ne 5 🗆 Residence 8 🗆 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 YES 2 NO

26. PLACE OF OEATH (Check only one

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	
11.	0 110
Gerandon K	- LAND
Blerasoco - Mg	read 100

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day,

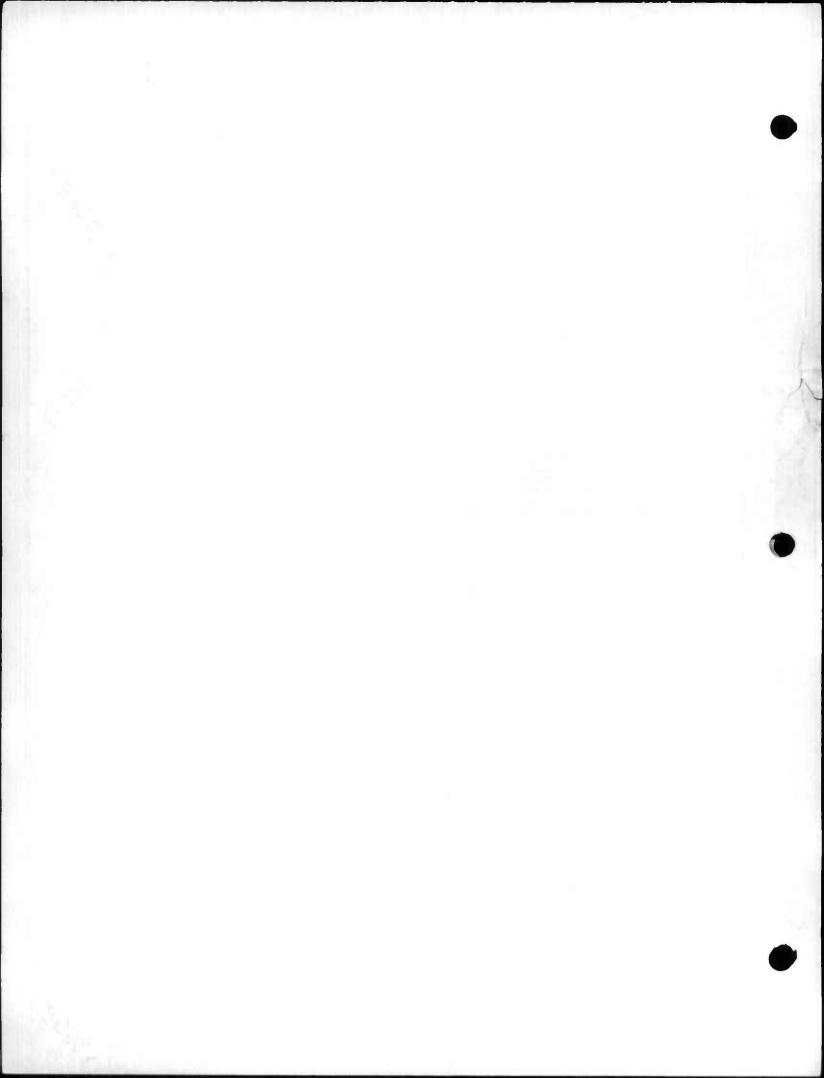
nper or Rural Route Number,

6510

Kenelworth MAR 18 91 32 REGISTRAR'S SIGNATURE

2700

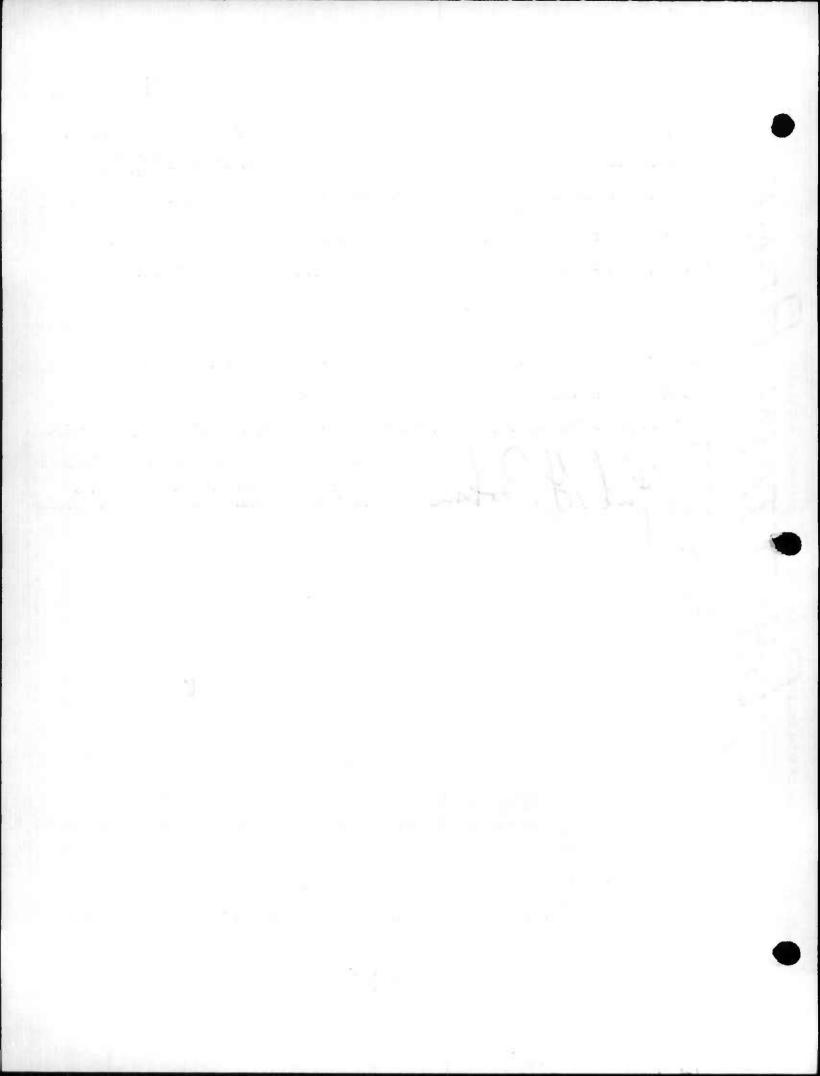
'9 Davidson-Randese



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HEGISTHAH		CERT	ILICE	VIE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) Cecil Elmo Schae	ffer					MON	ch 14,	1.99	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 422-07-1633	5. SEX 8. 1 X M 2 F	AGE (In yrs. lest birthdi 76 YRS	//	INDER 1 YEAR THE DAYS	IF UNDER 24 HF	7. DATE	of BIRTH	1915	A. BIRTI	BEON, AL
9a. FACILITY NAME (If not institution, give s	treet and number)		9b.	CITY, TOWN	OR LOCATION O			9c. COUNTY OF DEATH		
7427 Taylor Stre	et		La	andove	r Hill	s		Prince George's		
10a. STATE 10b. COUNTY	1	10c.	CITY, TO	WN OR LOCA	TION			10d. INSIDE CIT		
Maryland Prin	ce George'	s La	ndov	ndover Hills					1 X YES 2 NO	
	7427 Taylor Street					20784				WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EN	ER IN U.S. ARMED		13. WAS DECENDENT OF HISPANIC ORIGIN? (S.				or No-	14. RACI	E — Americen Indian, k, White, etc.
t Never Married 2 T Married 3 Wildowed 4 Divorced	Never Married 2 Married FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW I				If yee, specify Cuben, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify:					White
15. OECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. OECEDEN	T'S USUA	AL OCCUPATION OF THE PROPERTY	ON set of working	16	b. KIND OF BUS	SINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 8 +)	##e. Do NO	T use retir	red.)						
12th Grade	None	Place	ment	Mana	ger		U.S.	Gove	cnme	nt
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Maiden	Surname)		
M. Filmore Schae	ffer				Virgin	nia Ma	y			
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADD	RESS (Street	and Number or A	ural Route Nui	nber, City or Town	n, State, Zip	Code)	
Lila P.Schaeffer	r (Spouse)	7427	Tay	lor S	treet,	Lando	ver Hi	11s,	Mar	vland 20784
20v. METHOD OF DISPOSITION						SITION (Name of cemetery, crematory or 20c. LOCATION — City or To				
4 Donation 5 Ghar (Scally)	Heav		metery		Sil	ver S	Spri	ng, Maryland		
21. SIGNATURE OF FUNERAL SERVICE LIS	21. SIGNATURE OF FUNERAL SERVICE LISTENISE				ND ADDRESS O					
1 / Jack /	7/20	tion		4739	is Gaso Baltimo	ch's S ore Av	ons Fu	nera] ttsvi	L Hor	ne, P.A. Md. 20781
23. PART I. Enter the diseases, or cancel, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.	Q	01.	ode of dying,		rdisc or respi	ratory sri	rest,	Approximata Interval Between Onset and Death
Sequentially list conditions,	b									
If any, lesding to immediata cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENC	E OF):	DF):						
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	E OF):							
resoluting in deathly 2457	d									
PART II. Other significant condition	s contributing to de	ith but not resulti	ng In th	a underlyin	g csuse give	n in Part I.				. WERE AUTOPSY FINDINGS
							PERFOR	10		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 1 123 2	10		OF DEATH? 1 YES 2 NO
		0			-					
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH	(Check only	one)			
EXAMINER?	HOSPITAL:	VOutpatient 3 □ DO		HER:	ne 5 🗆 Raside	nce 6 🗆 0tt	ser (Specify)			
27. MANNER OF DEATH	28a, DATE OF INJ	URY 26h	TIME OF	28c. IN	JURY AT		ESCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending	(Month, Day,	(bar)	INJURY		ORK? YES 2 NO	,				
2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF IN	JURY — At home, ter	m, street	, factory, offic	De .		CATION (Street a		r or Rural	Route Number,
4 Homicide detarmined	building, etc.	(Specify)				Ch	y or Town, State)			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my									a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE	NUMBER		29d. DAT	E SIGNE	O (Month, Day, Year)
R. L. A	9 air	W			76	143		•	3/1	6/9,
Dr. Robert J. Ger	eige, M.D.				ıe, Lan	dover	Hills,	Mar	ylan	d 20784
31. DATE FILED (Month, Day, Year) MAR 18 '9	32. REGISTRAR'S									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is held within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	(11/21/			2.	DATE OF DEATH	Y. XE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX B. AGE (II				03 $1'$	7 9			
		1 M 2 D F B. AGE (A	n yrs. lest birthday) IF (MON	THS DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give str	1 0	9b.	CITY, TOWN OR LOCATION	N OF DEATH	1	9c. COUNTY	utchinson, KS		
DIRECTOR	KNOLLWOOD MANOR	NURSING H.	ome M	IllERSVILLE			ANNE	ARUNDEL		
EG-	10a. STATE 10b. COUNTY		IOc. CITY, TO	WN OR LOCATION				10d. INSIDE CITY		
		ince George'	s Hya	ttsville	Ą		1 XYES 2 NO			
FUNERAL	100. STREET AND NUMBER 4004 Madison Stre	0.0		101. ZIP CODE	701			OF WHAT COUNTRY?		
NS I	11. MARITAL STATUS	U.S. ARMED	20781 3. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specifications)			U.S or No.— 14.	RACE — American Indian.			
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	2 XNO	If yes, specify Cuban. I YES 2X NO		uarto Rican, etc.)		Black, White, atc. Specify:			
	15. DECEDENT'S EDUC	ATION	I6a. DECEDENT'S USU	AL OCCUPATION		I6b. KIND OF BUS	INESS/INDUST	White		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) Callege (1-4 or 5 +)	(Give kind of work of the Do NOT use ret	rk done during most of working			IIIVE33/IIIDO31	ni .		
MPL	. 12	2	Clerk				ctive]	Burea		
8	17. FATHER'S NAME (First, Middle, Last) Nicholas Jacob Sc	hant		Ia. MOTHI		(First, Middle, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	nott	19b. MAILING AOC	PRESS (Street and Number of		Dyer Number, City or Town	n, State, Zip Coo	fe)		
임	Robert D. Schott		6407 Wes	st Vein Roa	d, Bo	wie, Mar	vland	20720		
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetery or other place) 20c. LOCATION — City or Town, State other place)									
4 Donation 5 Other (Space) Ft. Lincoln Cemetery 21. SIGNATURE OF FINERAL SERVICE LIEUTE 22. NAME AND ADDRESS OF FACILITY						Bre	ntwood	Maryland		
	1 / York /	IXV		Francis Ga	sch's	Sons Fu				
Н	23. PART I. Enter the diseases, or co	Smplicetions that caused	the death. Do not	enter the mode of dylr	more	Ave., Hy:	attsvi	11e, MD 20781		
	shock, or heart failure. L	lat only one cause on ea	ach line.					Interval Between Onset and Death		
	disease or condition - 2 years e. Unantion 2 years									
		DUE TO (OR AS A	CONSEQUENCE OF):							
O.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
<u>S</u>	cause, Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF);					j		
	PART II. Other algnificant conditions	agaidbuting to death b	ut not annulting in the		luna la Da	a.t. I a uma au				
CAL	Uremea ; Co	ngestine hos	et kalle	e underlying ceuse g	iven in Pai	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	Ureman, Con	0	0	~		_ I 🗆 YES 2	THO	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26, PLACE OF DE	ATH (Check	only one)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	28a, DATE OF INJURY	atient 3 DOA 4,2	Nursing Home 5 - Rat	- T	Other (Specify) 3d. DESCRIBE HOW I	NJURY OCCUR	ED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2	NO NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stree	t, factory, offica	28	M. LOCATION (Street a City or Town, Stete)	and Number or F	Rural Route Number,		
E	One CERTIFIED									
COMPLETED	(Check only	CIAN: To the best of my knowl						euse(s) and manner as stated.		
1 1										
O BE	JC Cully	mD		00	187	79	> Ma	A 181991		
인	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type Prin	0.	LU	0011-1	1 //	116		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	5 1700 JeV ATURE	erna per	KIR	KYLANA	7-11	7-0		
	MAR 21'91 \$	D COMPLETED CAUSE OF DE. Regg. 32. REGISTRAN'S SIGN. Jawidon-Ray	ndell					,		

BALLIMORE, MARTLAND	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a filer death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
.O. BOA 13140	h certificate be executed w	inding physician and compl Hygiene prior to burial, cn	or other traumatic eve
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	he law requires that the deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 23 shows any injury,
SION OF VILL	TENDING PHYSICIAN: TH	TOR: After this certificate after death with the State	28 is marked, or iten
INIG	THE HOSPITAL OR AT	THE FUNERAL DIRECT DE FILED WITHIN 72 hours	IMPORTANT: If Item ?

30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year)

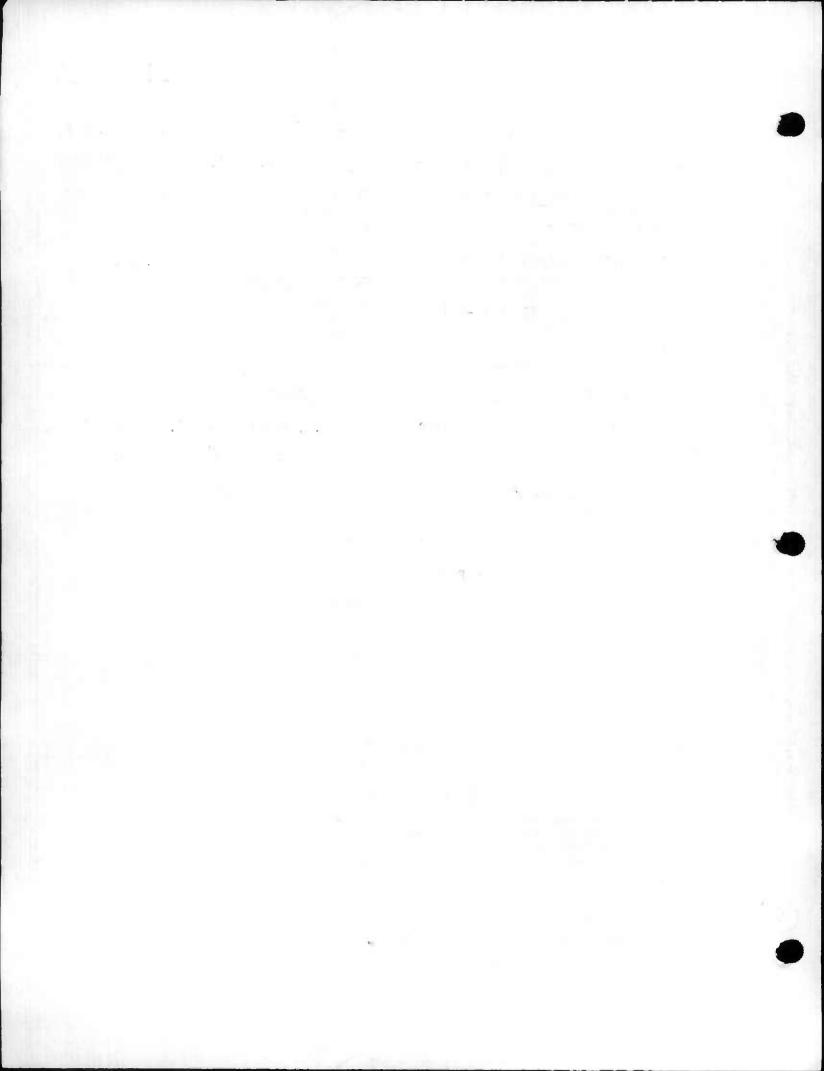
MAR 2

OACHLOAP

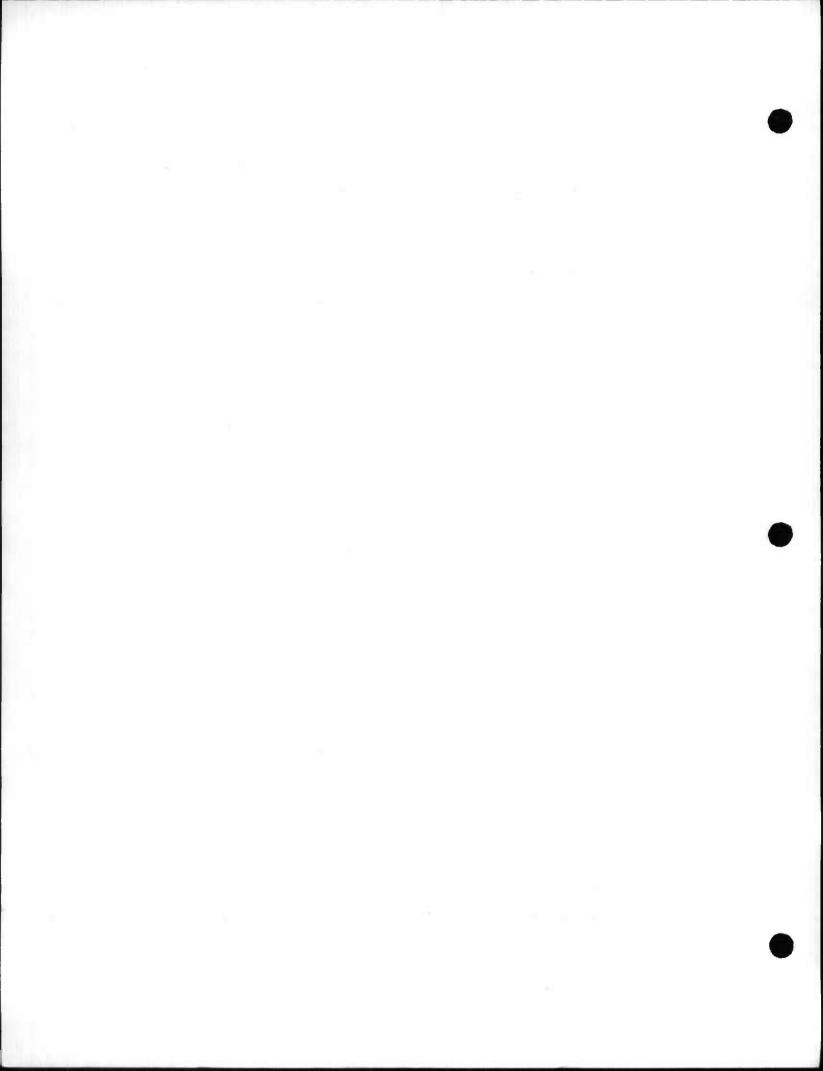
32. REGISTRAR'S SIGNATURE
Sulia Davidson

	FOR 1 . STATE	STATE OF MAR			T OF HEALTH AND			9	0	9854	
	REGISTRAR		CEI	RIFICAL	E OF DEATH	T	REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DA	Y YI	3. T	IME OF DEATH	
1	FRANK THOMAS	SMITH, SR	4		-	MARCH	I :	18, 19		5:58 R. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last b	irthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.		E (State or Foreign	
	228223221	1 M 2 F	60	YRS. MONTHS	DAYS HOURS MIN.	JUNE		1930	Country)	VIRGINIA	
		16	00	44 000			. ولما		05.05.571	VINGINIA	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
0	PRINCE GEORGES H	OSPITAL C	ENTER	CI	HEVERLY			PRI	NCE C	EORGES	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS										
PRINCE GEORGES HOSPITAL CENTER CHEVERLY RESIDENCE OF DECEDENT 100. STATE VIRGINIA VIRGINIA VIRGINIA VIRGINIA CHEVERLY 100. CITY, TOWN OR LOCATION FALLS CHURCH									1	LIMITS?	
<u>a</u>	TANGANAN TINAN	1100		270.	one one					YES 2 NO	
4	10e. STREET AND NUMBER	DDENIG # 1	400		101, ZIP CODE			10g. CITIZEN			
FUNERAL	5831 OAKVIEW GA	RDENS # 1	403		22041			U	.S.A.	`	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARME	ED 13.	WAS DECENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	or No- 14.		merican Indian,	
	1 Never Married 2 X Married	FORCES? 1 V Y	ES 2 NO		If yes, specify Cuban, Maxico		en, etc.)		Black, Wh	Ita, etc.	
B	3 Widowed 4 Divorced		6-1948		1 TYES 2 NO Specif	ny:			Specify:	LACK	
	15. DECEDENT'S EDUC			DENT'S USUAL O	OCCUPATION	16b. K	IND OF BUS	INESS/INDUS		231011	
	(Specify only highest grade of	completed)	(G/ve	kind of work done o NOT use retired.	during most of working						
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)									
Z	6		LA	BORER	γ			RUCTIO	N		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Mic	Idle, Maiden	Surname)			
BE	CLAYTON SMITH				SALL	IE BE	RFOR'	r			
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRES	S (Street and Number or Rural	Route Number	City or Tow	n, State, Zip Co	de)		
F	ROSANNA SMITH		1.3	ROS LES	LIE AVE A	LEXANI	DRTA.	VA.	7	2301	
	209 METHOD OF DISPOSITION	oranio antigora			lame of cemetery, crematory or		1	CATION — City	or Town,	State	
	1 N Burlal 2 Cremation 3 Ramo	wal from State	Duas 1	o natio	AN Cemote	924	104	917100	,VI		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			NAME AND ADDRESS OF F			1110			
	LOOP CM	Ω			814	FRANKL	IN STRI	ET	•		
	Melson C. Sh	une y.			ALEXANI	DRIA, VII	RGINIA	22314			
	23. PART I. Enter the diseases, or c			th. Do not ente	r the mode of dying, au	ch aa cardia	c or reap	ratory arres	,	Approximate	
	ahock, or heart fallure. I	List only one cause o	on each line.						i	Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	M	YOCARD:	IAL INF	ARCTION				i		
- 1	reaulting in death)	n	AS A CONSECU	IENCE OFI							
	DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION										
Z	A CONTRACTOR OF THE CONTRACTOR										
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
ATIO	If any, leading to immediate	b	AS A CONSEQU	21000-1-0	פודדווכ						
ICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEOU DIABE	res Me	LLITUS						
TIFICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQU	res Me	LLITUS						
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEOU DIABE	res Me	LLITUS						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSEOU	TES ME		n Part I. I :	24a. WAS AN	AUTOPSY	24b. WE	NE AUTOPSY FINDINGS	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR DUE TO (OR	AS A CONSEOU	TES ME		n Part I.	24a. WAS AN PERFOI		ANA	NE AUTOPSY FINDINGS ILABLE PRIOR TO SMI ETION DE CALINE	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSEOU	TES ME				RMED?	COI	RE AUTOPSY FINDINGS ILABLE PRIOR TO PRIETTION OF CAUSE DEATH?	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSEOU	TES ME			PERFO	RMED?	COI	APLETION OF CAUSE	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSEOU	TES ME			PERFO	RMED?	COI	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR DUE TO (OR d	AS A CONSEOU	TES ME.	inderlying cause given in		PERFO	RMED?	COI	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition	DUE TO (OR DUE TO (OR	AS A CONSEOU DIABE' AS A CONSEOU	TES ME.	inderlying cause given in	Check only one)	PERFOI	RMED?	COI	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR d	AS A CONSCOU DIABE' AS A CONSCOU	TES ME. BENCE OF): Builting in the L DOA 4 DA	26. PLACE OF DEATH (C	Check only one	PERFOI	RMED?	COI OF 1 [ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR DUE TO (OR d. a contributing to dea	AS A CONSCOU DIABE' AS A CONSCOU	TES ME. JENCE OF): Builting in the L	anderlying cause given in 26. PLACE OF DEATH (CER: unsing Home 5 □ Residence	Check only one)	PERFOI	RMED?	COI OF 1 [ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR DUE TO (OR DUE TO (OR d. d. d. d. d. d. d. d. d. d. d. d. d.	AS A CONSCOU DIABE' AS A CONSCOU th but not reconstruction of the conscount of the consco	TES ME. BENCE OF): Builting in the L DOA 4 No. 28b. TIME OF INJURY M	26. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK?	Check only one) 6 Other 28d. DESC	PERFOI 1 YES : (Specify) PAIBE HOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	OF 1 [LABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	AS A CONSCOU DIABE' AS A CONSCOU th but not reconstruction of the conscount of the consco	TES ME. BENCE OF): Builting in the L DOA 4 No. 28b. TIME OF INJURY M	26. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK?	Check only one) 6 Other 28d. DESC	PERFOI YES (Specify) CRIBE HOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	OF 1 [LABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR DUE TO (OR DUE TO (OR d. a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contribution of the contribution	AS A CONSCOU DIABE' AS A CONSCOU AS A CONS	DOA OTHE 4 DOA 18 INJUNY M	26. PLACE OF DEATH (CER: unsing Home 5 Residence 26. INJURY AT YES 2 NO ctory, office	Check only one) 6 Other 28d. DESC 28f. LOCAL City or	PERFOI VES : (Specify) RIBE HOW FION (Street Kown, State	NO NO NO NO NO NO NO NO NO NO NO NO NO N	OF 1 [LABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 10 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	DUE TO (OR DUE TO (OR DUE TO (OR d. a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing dea contribution of the	AS A CONSCOU DIABE' AS A CONSCOU th but not ref //Outpatient 3 [URY bar) JURY — Al hom (Specify)	DOA OTHE DOA (4 NI) Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L	26. PLACE OF DEATH (CER: unsing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. DESC	PERFOI 1 VES : (Specify) RIBE HOW FION (Street Fown, State	INJURY OCCUI	OF 1 [ALABLE PRIOR TO PRICE PRIOR TO PRICE PRIOR TO PRICE PRIOR TO PRIOR	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 10 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	DUE TO (OR DUE TO (OR DUE TO (OR d. a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing to dea a contributing dea contribution of the	AS A CONSCOU DIABE' AS A CONSCOU th but not ref //Outpatient 3 [URY bar) JURY — Al hom (Specify)	DOA OTHE DOA (4 NI) Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L Builting in the L	26. PLACE OF DEATH (CER: unsing Home 5 Residence 26. INJURY AT YES 2 NO ctory, office	28d. DESC	PERFOI 1 VES : (Specify) RIBE HOW FION (Street Fown, State	INJURY OCCUI	OF 1 [ALABLE PRIOR TO PRICE PRIOR TO PRICE PRIOR TO PRICE PRIOR TO PRIOR	
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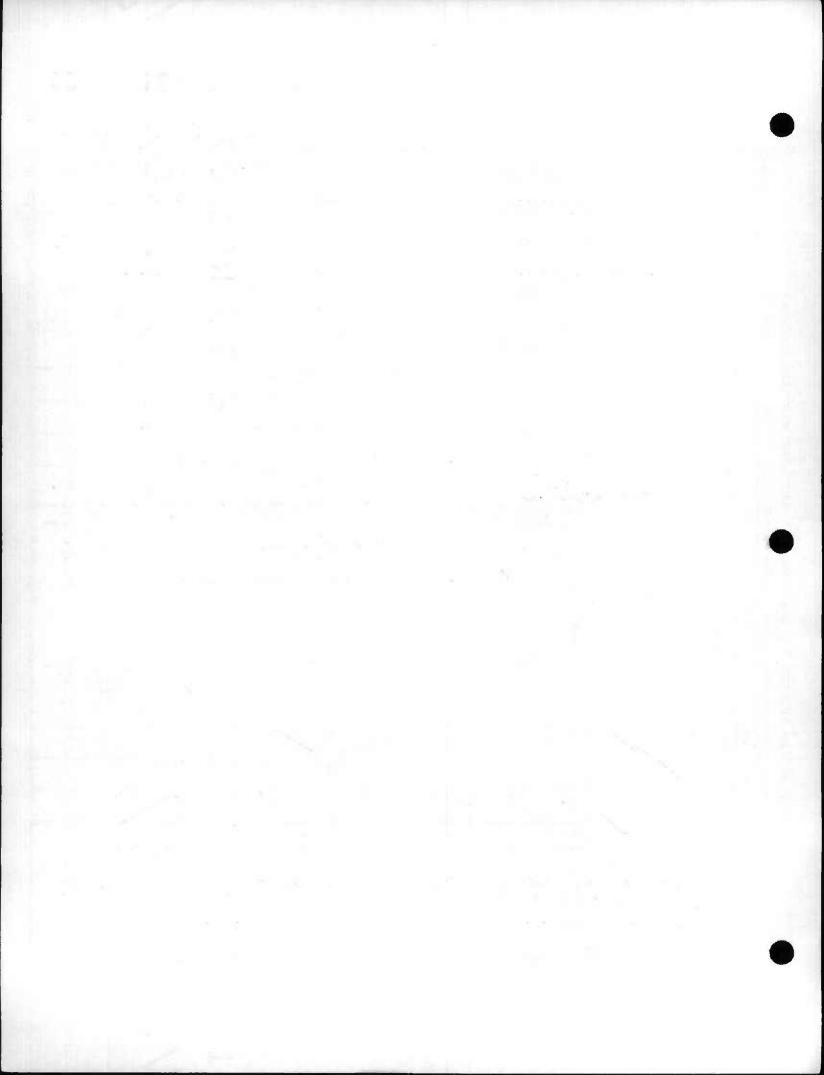


	_		REGISTRAR	CERTIFICATE OF	DEATH	REG. NO.		
			1. OECEDENT'S NAME (First, Middle, Lest) CHARLES J.	L SULLIVAN, SR.		DATE OF DEATH AONTH DAY 29 -	year 3. TIME OF DEATH	٥,
			4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. lest birthday) IF UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS	
0			9e. FACILITY NAME (If not institution, give street end number)		OR LOCATION OF DEATH		COUNTY OF DEATH	
(6		TOR	6700 Belchest Road Contractions of December 1	1011 Hyat	tsville	19	rince George	
13	7	DIRECTOR	MD Prince Gestas	10c. CITY, TOWN OR LOCAT	TON TSVILLE		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	sit permit	BAL	6700 Belchest load a		20782		CITIZEN OF WHAT COUNTRY?	
	al-tran	FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER I	IN U.S. ARMED 13. WAS DEC	ENGENT OF HISPANIC O	RIGIN? (Specify Yes or No		_
21203-3146	attending physician. se as the burial-transit	B≼	1 Never Married 2 Married IF YES, GIVE WAR OR D 1919 — 192	DATES 1 TYES	NO Specify:	erto Hicen, etc.)	sowhite	
203	use a	品	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during modifie. Do NOT use retired.)	ON ast of working	16b. KIND OF BUSINESS	S/INDUSTRY	
	the hospital or att detached for use once.	COMPLET	Elementery/Secondary (0-12)	DEPUTY CHIEF OF	POLTCE	METROPOLIT	AN POLICE DEPT.	
N	the hospital detached for once.	OM	17. FATHER'S NAME (First, Middle, Last)	01201	,	First, Middle, Maiden Surnar		_
1LA	8 & a	BE C	JOHN SULLIVAN		JOHANNA	BREEN		
MARYLAND	5 should notified	10 B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street of			20170	,
	2 8 0	-	CHARLES J. SULLIVAN, JR. (SON)				PARK, MARYLAND	
BALTIMORE,	e 6 m ector.	i	1 Description 3 Removal from State 4 Denetion 5 Other (Specify)	other place) MT. OLIVET CEME	ETERY	WASHIN	GTON, D.C.	
N.	death. Page tuneral direc I. examiner m		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	FRANCI	S J. COLL	y INS FUNERAL	HOME, INC.	
BAL	after death. y the funera moval. cal examir		Kofert Maclary				L.SPR.,MD.20901	
	in by remc		23. PART I. Enter the diseases, or complications that dause shock, or heart failure. List only one cause on a	each line.	ode of dying, such es	cardiec or respiretor	Interval Between	/001
	Pe on		IMMEDIATE CAUSE (Final disease or condition	1. at 1. 5.0.	1 22		Onset and De	
ທົ	ted within 2- completely fille fal, cremation, event, the		resulting in death) e. WWI GROOM	A CONSEQUENCE OF):	1100		MINUR	4
13146,	executed and com o burial, natic ev	z	- ARTERIO	LCAL IN FARM A CONSEQUENCE OF: LCHEROTHE CAR	NO MASON LA	R Disease	years	
	ite be executed ysician and con prior to burial, traumatic er	RTIFICATION	if any, leading to immediate	A CONSEQUENCE OF):				
BOX		5	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events oue TO (OR AS	A CONSEQUENCE OF):				_
O	eath certi attending mal Hygie y, or otl	F	resulting in death) LAST					
ω, σ	the death certification of the attending phy demand Hygiene Injury, or other	핑	PART II. Other significent conditions contributing to death	but not resulting in the underlyin	g ceuee given in Par	t i. 24s. WAS AN AUTO	PSY 24b, WERE AUTOPSY FINDIN	NGS
CORDS	T do	EDICAL			g 00000 g. 000 m. 1	PERFORMEOT	AVAILABLE PRIOR TO COMPLETION DF CAUS	
8	signe Healt					. 10 723 2 7	OF DEATH?	
Ä	has been Dept. of 1	Ä				·		
VITAL	SICIAN: The law certificate has to the State Dept 1, or Item 23	CIAN	25, WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. P OTHER:	LACE OF OEATH (Check	only one)		
	CLAN: ertifica the Sta or It	YSICI	1 D YES 2 NO 1 Inpetient 2 ER/Out	tpatient 3 DOA 4 Nursing Hon				_
OF	PHY:	РНҮ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending	INJURY W	JURY AT 28 DRK? YES 2 NO	d. DESCRIBE HOW INJUR	Y OCCURED	
		ВУ	2 Accident Investigation 3 Suicide 8 Could not be 26e. PLACE OF INJUR	RY — At home, term, atreet, tactory, office		t. LOCATION (Street end No	umber or Rural Route Number,	-
DIVISION	TTEN TOR after	ETED	4 Homicide datermined	ecity)		City or Town, State)		
ā	以立に甘	COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of axamination					ıd.
	To the Hospital. To the Funeral. Be filed within 72 IMPORTANT. If	BE	296. SIGNATURE AND TITLE OF CERTIFIER Paul Ma Clu in I had Del	pity Medical	29c. LICENSE NUMBER	2 290	3-29-91	
	10+1	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEPORTED TO THE PROPERTY OF THE PROPERTY	PEATH (ITEM 27) (Type, Print) 423 Queens	bur Rd	Hyattsi	isle MD 2018	,
ø			31. DATE FINANCHOOTH, Day, 1001) 32. BEGISTRAR'S SIG					
	-	1						



		mit. P
	ian.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any wours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fining after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
VISI	ATTEN	RECTOR:
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	SP	KER

	REGISTRAR		CERTIF	ICATE C	OF DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF E	DEATH		ME OF DEATH	
	FRIEDA SCI	HATTNER				March	29, 199	YEAR 2	:30 A.	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTHPLAC	E (State or Foreign	
	102-20-9393	1 🗆 M 2 💢 F	95 YRS.	MONTHS DA			3, 1896	Austr	ia	
	9a. FACILITY NAME (If not institution, give a				WN OR LOCATION OF DE	EATH	9c. COU	NTY OF DEATH		
DIRECTOR	5901 Montrose Road, #1204S Rockville Montgomery									
Ĭ Ĭ	10a. STATE 10b. COUNT	Υ	10c. CF	TY, TOWN OR L	OCATION			10d.	INSIDE CITY LIMITS?	
1 2	Maryland Mont	gomery	R	ockvil.	le				YES 2 NO	
7	10s. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	ZEN OF WHAT	COUNTRY?	
FUNERAL	5901 Montrose Ro				20852			.S.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 TYE	IN U.S. ARMED		DECENDENT OF HISPAI s, specify Cuban, Mexica			14. RACE — A Black, Whi	merican Indian, te, etc.	
ВУ	3XXWidowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 XNO Specif	y:		Specify: Whit	e	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done durin	PATION ig most of working	16b. KIN	D OF BUSINESS/INC	DUSTRY		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem			Own	n Home			
COMPL	17. FATHER'S NAME (First, Middle, Last)		пошеш	anci	16 MOTHER'S NA		a, Maiden Surname)			
_	Samuel Schmerle	r			Sarah					
BE	19a, INFORMANT'S NAME (Type/Print)		ant saar m	0.40000000				- Contol	1/	
2	Ted Schattner (se	07)			reet and Number or Flural					
		-			rd Avenue;	cnevy				
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 X Herr	noval from State	other place)		of cemetery, crematory or		20c. LOCATION —			
	4 Donation 6 Other (Specify) Mt. Hebron Cemetery Flu								ushing, New York	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			ME AND ADDRESS OF FA Zansky—Go1		Momortal	Chanol	a Inc	
	> Frank A.S	time-			0 Rockvill	-		_	-	
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CER	d.									
	PART II. Other aignificant condition	ne contributing to death	h but not resulting	In the under	rlying cause given in	Part I. 24	. WAS AN AUTOPSY		E AUTOPSY FINDIN	
EDICAL						11	PERFORMED?	COM	PLETION OF CAUS	
8						_ ''	3 72	100	YES 2 NO	
<u>×</u>										
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)	_			
200	EXAMINERY 1 YES 2 HO	HOSPITAL:	utnetlant 3 🗆 DOA	OTHER:	Home 5 Residence		andhd			
PHYSICI	27. MANNER OF DEATH	28a. DATE OF INJUR	7Y 28b. TI	ME OF 28	c. INJURY AT		BE HOW INJURY OC	CURED		
	1 Natural 5 Pending	(Month, Day, Yea	r) ii	NJURY	WORK?					
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	JRY — Al home, farm		2/2		ON (Street and Numbe	or or Rural Route	Number,	
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (S	Specify)		SAR4 (*)		own, State)			
Ľ	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kn	nowledge, death occu	rred at the time	, date and place, and du	e to the causels	a) and manner as at	sted.		
ME	(Critical Only	ER: On the basis of examina					in the second		l manner as state	
	29b. SIGNATURE AND TITLE OF CERPIFIE	FR /			29c, LICENSE NU	MRED	994 PA	TE SIGNED (Mor	oth Core Manel	
BE	milan 2	Lenkin	m7		D No/-	74		arch 29		
2	30. NAME AND ADDRESS OF PERSON W	- 1		no Drint	P UPU	, ,	Ma	aren 25	, 1771	
						20.0	00000			
	Myron L. Lenkin,			Id Roa	d; Wheaton	, Md.	20902			
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S S	CON-RONDON	2						
	ann 3 - '91	CHIMONIUM O	Killians In James							

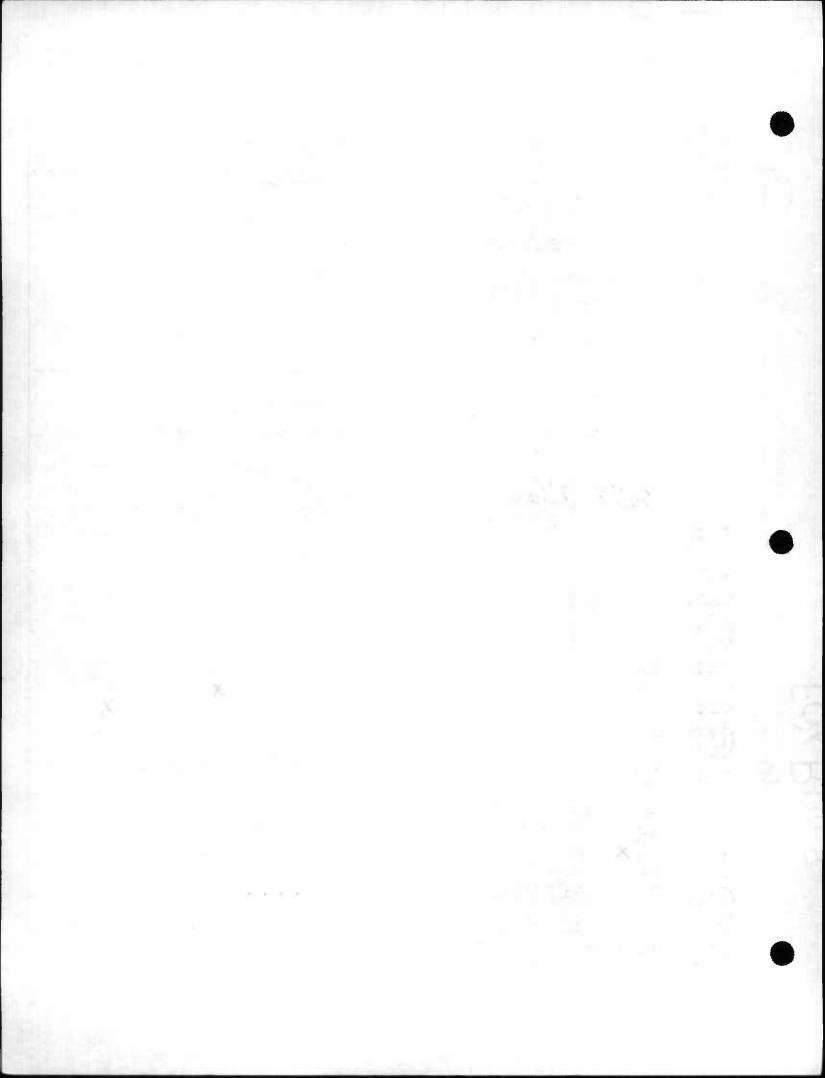


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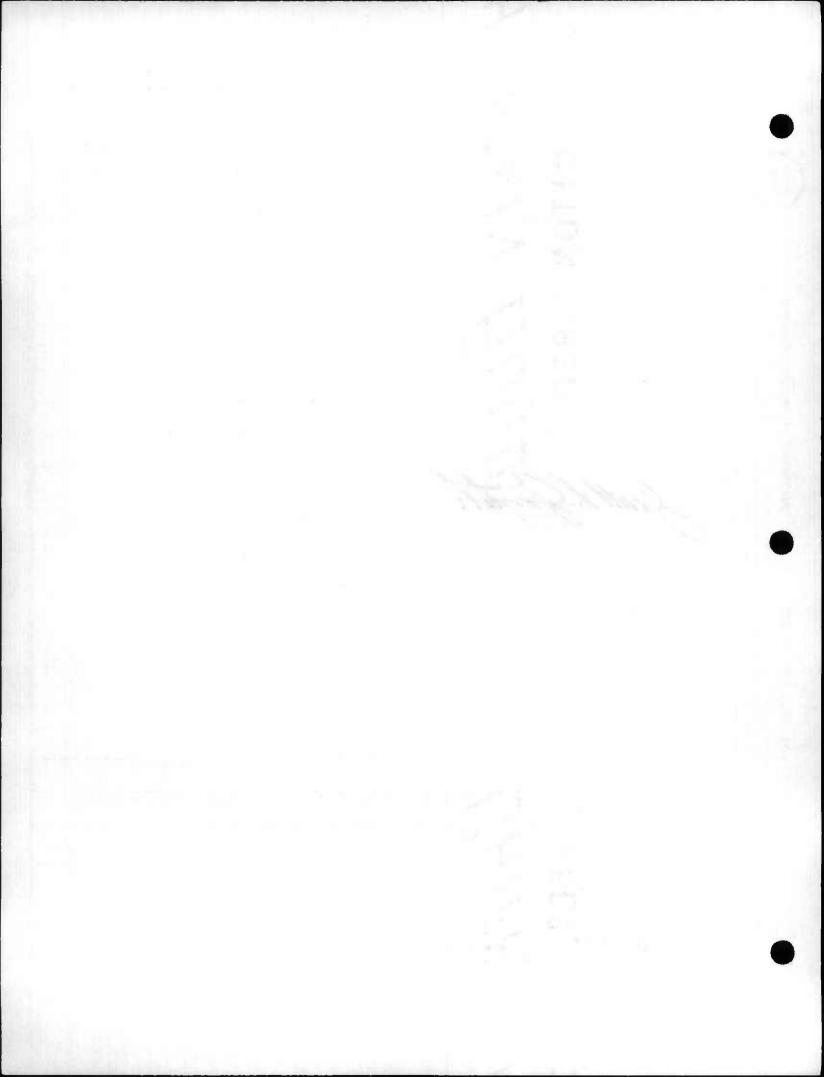
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND C		RTMENT (MENTA	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) DONALD	к.	SCH	WARTZ	BECK			2. DAT MON 03			YEAR 991	3. TIME OF DEATH 5:02 p M
	4. SOCIAL SECURITY NUMBER 213-54-8262	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. In		IF UNDER 1		UNDER 24 HRS.	(Mor	E OF BIRTH oth, Day, Year)	1950	Countr	HPLACE (State or Foreign ry) hington, D.C.
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DE											
ECTOR	LELAND MEMORIAL P	OSPITAL			RI	VERDA	ALE			PRIN	CE G	EORGE 'S
DIRE	10a. STATE 10b. COUNT Maryland Prin		N. C		RO NWOT ,Y							10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL C										ZEN OF V	WHAT COUNTRY?	
FUNER	5801 Rittenhouse Street 20737 United State											
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4XX Divorced	IT EVER IN U.S. A I YES 2 X MAR OR DATES		H y	res, specify	ENT OF HISPA Cuben, Mexico (200 Special	en, Puerto	ilN? (Specify Yes o Rican, etc.)	or No—	Spec	E — American Indian, k, White, etc. White	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)											
once. COMPL	12		S	ecur	ity Of				Giant		Sto	ores
TO BE COM		Schwartzh					Margar	et	Loui	se		nherz
10	198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Roland W. Schwartzbeck 9012 Eldridge Road, Spring Hill, Florida 34608											
must be	20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory or other place) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory or other place) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory or other place) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory or other place) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary, Crementory) 20s. PLACE ANO OATE OF DISPOSITION (Name of Commentary										own, State	
examiner n	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE Since	_ Gree		Roh Inc	ert 3	A Pum OO Wes	phre		ral H	lome,	/Rockville
other traumatic event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
5 E	CAUSE (Disease or injury that Initiated events resulting in death) LAST											
shows any injury.	PART II. Other eignificant condition	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 249. WES ANTIOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		E OF DEATH (C	heck only	one)			
o ≻	Y YES 2 NO	1 Inpetient 2		_	4 🗆 Nursi	ng Home	5 Residence					
marked, or BY PHY	1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, i	Day, Year)	28b. Til	ME OF 2	WORKS	2 NO	28d. D	EŞCRIBE HOW	INJURY OC	CURED	
28 is TED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE (building	OF INJURY — At I , etc. (Specify)	home, farm,	street, factor	ry, office		26f. Lf	DCATION (Street ity or Town, State)	and Numbe)	r or Rural	Route Number,
을 건	(Original Origina Origina Origina Origina Origina Origina Origina Origina O	SICIAN: To the best of										(a) and manner as stated.
를 Ш	29b. SIGNATURE AND TITLE OF CERTIFI					26	C. LICENSE NU	JMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
TO B	700.00	N MD					O.C.M	i.E.		•	03/2	9/1991
4	DONALD G. WRIGH	TMD DO	ME	1	e, Print)	NN ST	REET	BAL	TIMORE,	MAR	YLAN	D 21201
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 2 - 91 Guid Javidson Randelle											

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR A	DIREC	E
MIN	PAL 2	=
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岩	五十	2
2	2 2	=

	MONTH DAY YEAR										4:52 A				
	4. SOCIAL SECURITY NUMB		SEESE 5. SEX 6. AGE (In yrs. lest birthdey)			IE INDEE	F UNDER 1 YEAR							ACE (State or Fo	
	579-03-5251		1 M 2 D.F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	- 1	Country)		
	9a. FACILITY NAME (If not in:		Λ	/3	11111	9b, CITY	TOWN (R LOCATI	ON OF DE		22,19		NORTH CAROL:		.NA
DIRECTOR	701 GUI			SIL		SPR			271 22-1-1	MONTGOMERY					
딥	RESIDENCE OF DEC	10c, CI1	10c. CITY, TOWN OR LOCATION					10d, INSIDE CITY							
E	MARYLAND	MON	NTGOMERY		SILVER SPRI								1	LIMITS?	
	10e. STREET AND NUMBER	1101	11 GOILLINI		Ŋ.	7	. ZIP COD		10g. CITIZEN OF						
EB/	701 GUILFOR					20	20901				1				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 Name Maritad								OF NISPAI	NIC ORIGIN	(Specify Yes	or No-	USA 14. RACE -	- American Indi White, atc.	en,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced 1 FYES, GIVE WAR OR DATES					1 TES 2 NO				Specify:			Specify: WHITI		
	15. DEC	EDENT'S EDU	CATION	16a. DI	ECEDENT'S	USUAL O	CCUPATION	ON .		16b.	KIND OF BU				
COMPLETED	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)	live kind of a. Do NOT u	se retired.)	auring mo	et of world	ng						
P	9			HO	STES	S - 1	REST	AURA	NT						
S I	17. FATHER'S NAME (First, M.	iddle, Lest)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surname)			
BE	HENRY P. B)							J. S					
5	19a. INFORMANT'S NAME (7										er, City or Tow				311
	PATTI L. SE		(DAUGHTER							G WAY	AY GAITHERSBURG, MD. 20878				
	20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLACE other p	OF DISPO	SITION (N	ame of ce	metery, cre-	matory or		20c. LC	CATION —	City or Town	n, Stata	
	4 Donation 8 Other			- L GATE	OF						SILVER SPRING MARYLAND				
	21. SIGNATURE OF FUNEPOX		22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, I							INC.					
	500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901														
	23 TATE I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart falleting. List only one cause on each line.														
4	Onset and Dast														
	disease or condition a. Jamus use use use a second tion resulting in death)														
			DUE TO	ION AS A CONSE	QUENCE C	P /	22	1	A	_					
Z	Sequentially list conditions, Due to for as a consequence of: Netustasse Due to for as a consequence of:														
Ā	th any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injury C. Dur To on to a country of the Country														
Ē	that Initiated events Due 10 (OR AS A CONSEGUENCE OF): resulting in death) LAST														
S	d.											1			
MEDICAL	PART II. Other algolitics	resulting in the underlying cause given in Pa					Part I.	ert I. 24a. WAS AN AUTOPSY PERFORMED?		1	VERE AUTOPSY F	R TO			
음										1 YES 2 NO			COMPLETION OF CAUSE OF DEATH?		
ME													1	YES 2	NO
ä															
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only on	•)				
YSI	1 TES 2 NO		1 - Inpetient 2	☐ ER/Outpatient		4 🗆 Nu	raing Hor		tesidence	6 🗆 Other					
F	27. MANNER OF DEATH 1 Netural 8	28b. TH	ME OF JURY	W	JURY AT DRK?		28d. DES	CRIBE NOW	INJURY OCC	CURED					
BY	2 Accident		M		YES 2	□ NO	NO								
G	3 Suicide 6 4 Homicide	ome, farm,	street, fac	tory, offi	:0		City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
E															
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.														
Ö	One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.														
ш	296. SIGNATURE AND TITLE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (1										SIGNED (Month, Day, Year,),	
TO B	Aun	uni	US	nun	M			101	7/3	38		1	5-6	6-9/	/
-	30. NAME AND ADDRESS O														
	LAWRENCE SWINK, M.D. MUSGROVE ROAD AND ROUTE 29 SILVER SPRING, MD.														
	31. DATE FILED (Month, Day	THAT)	32. REGISTR	Davidson	50 .	0.0									



FOR STATE REGISTRAR

Frank

4. SOCIAL SECURITY NUMBER

041-10-1334

31. DATE FILED (Month, Day, Year)

9a. FACILITY NAME (If not institution, give street and number)

HOLY CROSS HOSPITAL

1. DECEDENT'S NAME (First, Middle, Last)

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S,	death
JRD S	that the
3ECC	ramirae
LAL	The law
OF VI	SUVCICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	no attending buyer that the tay requires that the death certificate he executed within
2	N OU

2	DIRE	MADST AND	MONT	TOOLEDY		10c. CITY, 10W							LIMITS?	
É		MARYLAND MONT GOMERY 100. STREET AND NUMBER				SILVER SPRING							YES 2 NO	
t per	FUNERAL			101. ZIP CODE				10g. CITIZEN OF			WHAT COUNTRY?			
an. ransi	밀	11400 MON'	TERREY			20902				USA				
ding physician. the burial-transit permit.	BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	FORCES? 1 7	FORCES? 1 YES 2 NO If yes			DECENDENT OF NISPANIC ORIGIN? (Specify Ye, specify Cuban, Mexican, Puerto Rican, etc.) YES 2 NO Specify:			se or No— 14. RACE — American Indien, Black, White, etc. Specify: WHITE				
or attending use as the		15. DEC	EDENT'S EDU y highest grade	CATION completed)	16a. DE	CEDENT'S USUAL	OCCUPATI	ON out of working	16b	KIND OF BUS	INESS/INDU	STRY		
~ 3	COMPLETED	Elementary/Secondary (I	1	College (1-4 or 5+)	ilite.	Do NOT use retire	retired.)							
be detached for at once.	WP	8		MACHINI				T						
the hor detach once.	8	17. FATHER'S NAME (First, M	fiddle, Last)			16. MOTHER'S NAME (First, Middle, Malden Surname)								
	BE	VINCENT S		I		-				ELLONE				
5 should notified	0	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING ADDR	ESS (Street	and Number or Rural	Route Num	ber, City or Town	n, State, Zip C	(ode)		
	-	VINCENT F.	SPINE	LLI (SON)		1400 MO	NTERR	REY DRIVE	SIL	VER SP	RING.	MARY	LAND 20902	
6 may stor, pa		20a, METHOD OF DISPOSIT 1 A Burlet 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State		crematory or other			DAT		CATION — CH VILLE		RYLAND	
Page al direc		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			2. NAME A	ND ADDRESS OF FA	CILITY					
death. Pag theral di l. examiner	1	Down h	10/ 4	7 K. /	.~							OME, INC.		
after d ny the noval.		500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901												
												Interval Between		
fille on,		IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF):									Onset and Death			
ed within 24 ompletely fille if, cremation, event, the											Shapar			
Z 2 - 2	NO	Sequentially list conditions, DE TO (OR AS A CONSEQUENCE OF): UE TO (OR AS A CONSEQUENCE OF): UE TO (OR AS A CONSEQUENCE OF):											Yuto	
be execute sician and confort to buria	CERTIFICATION	If eny, leading to imme		Schois								Custo		
phys phys	윤	CAUSE (Disease or injuthat initiated events		DUE TO OR	AS A CONSE	A CONSEQUENCE OF):						7	90075	
004	E	resulting in death) LAS	ST .	· Nen	al	Pusuthcianas							Yean.	
	CE		-	d		7 003-	17,0	1000					1 /2	
d the		PART II. Other algnific	ent condition		m.	1	1	ng ceuse given in	Part I.	24s. WAS AN PERFOR			YERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
a the	MEDICAL	univary sact fur ction 10 yes 2 NO								NO	COMPLETION OF CAUSE OF DEATH?			
requires the een signed of Health	ME	Ancima								_			1 _ YES 2 _ NO	
> 40 40	ä									\				
	N N	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:		1		PLACE OF DEATH (C	heck only o	ne)		111	A 4	
certificate the State	Si	1 - YES 2 - 10		1 Inpatient 2 ER	Outpatient 3	DOA 4		ma 5 🗆 Residence	6 🗆 Oth	er (Specify)				
this with with	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Accident	Pending Investigation		28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M			BC. INJURY AT WORK? 1 YES 2 NO			NOW INJURY OCCURED			
CTOR: After safter death	TED B	3 Suicide 6 4 Homicide	home, farm, street, factory, office 2			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
AL DIRE	PLE	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										and manner as stated.		
HOSI Within	ö	29b. SIGNATURE AND TITL		<u> </u>				29c. LICENSE NU					Wonth, Day, Year)	
TO THE HOSPITA TO THE FUNERA De filed within 7	TO BE	and	40	of Mb				and motive ite			>		The state of the s	
10		SX GU	PTA	NO COMPLETED CAUSE O	_		A	ve #2	20	Silve	of SIZ	200	102	

32. REGISTRAR'S SIGNATURE DEVIACEA PRINTERS

SPINEL

6. AGE (In yrs. last birthday)

98

5. SEX

1 🔯 M 2 🗌 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

SILVER SPRING

09859

YEAR

MONTGOMERY

3. TIME OF OEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

6. BIRTHPLACE (State or Foreign Country)

CONNECTICUT

753 Am

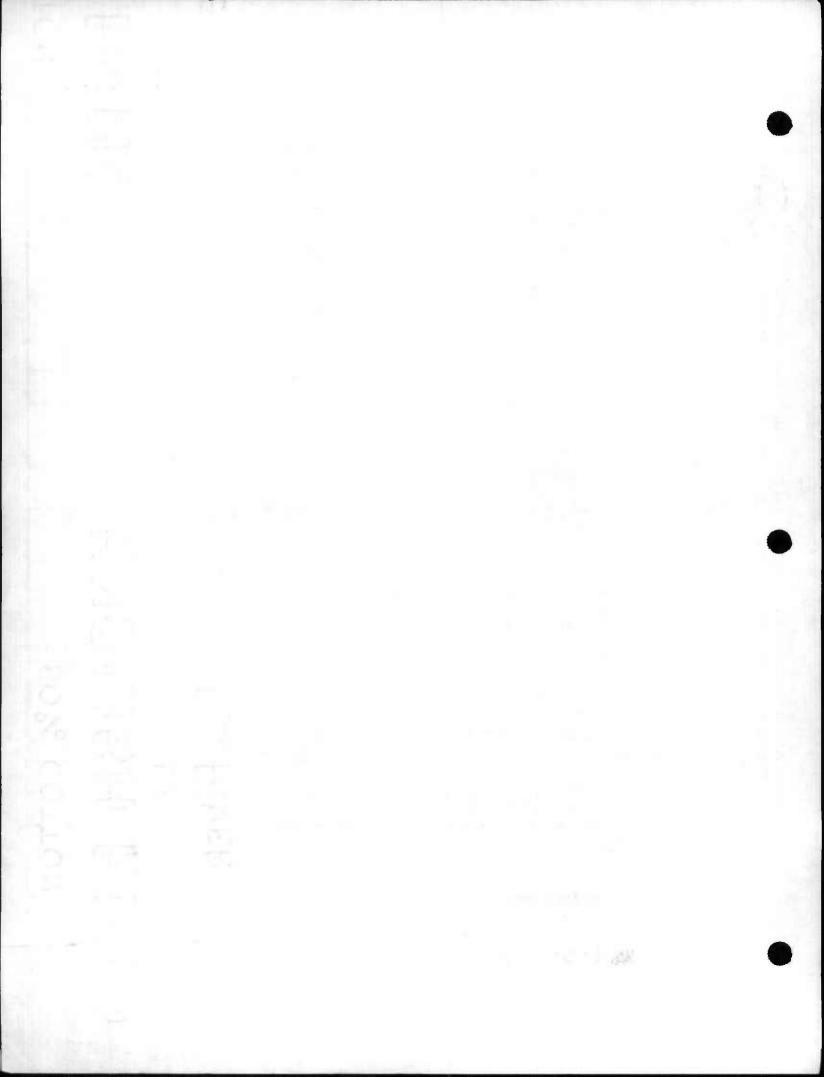
REG. NO

JUNE 11.1892

2. DATE OF DEATH MONTH 03 P8

7. DATE OF BIRTH (Month, Day, Year)

DHMH-18 Rev 1/89



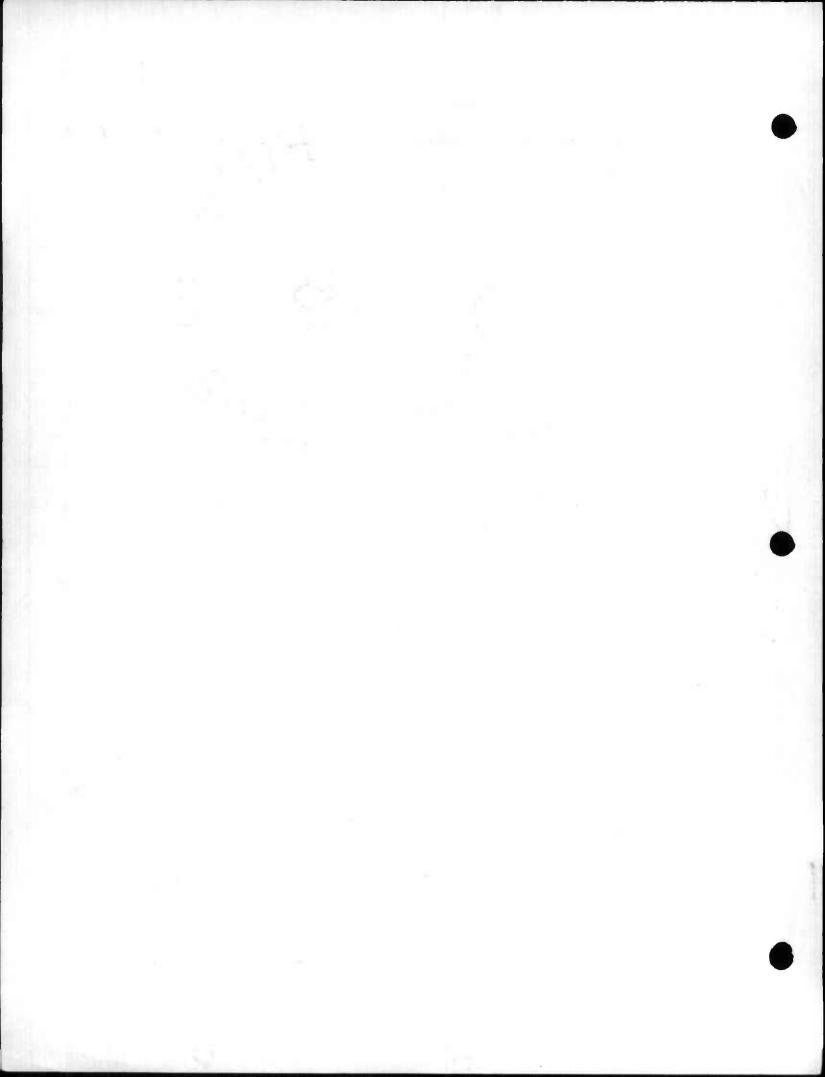
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FOR STATE REGISTRAR

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K	2	5	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun
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200	THA	this	
Otto	DING	After	
	ALEN	ECTOR	
6	5	OIR	

	1. DECEDENT'S NAME (First, Middle, Lest) JOSEPH A. SEYMOUR, JR.								EATH 24	1991	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUM 579-36-4829	BER	5. SEX 1 1 M 2 F	6. AGE (In yrs. las	t birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day JULY 1		Count	HPLACE (State or Foreign ny) HINGTON, DC	
E .	90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH SUBURBAN HOSPITAL BETHESDA MONTGOMERY											
DIRECTOR	RESIDENCE OF DE				10c. CITY, TO	OWN OR LOCA				1000110	10d. INSIDE CITY	
哥	MARYLAND MONTGOMERY						CKVILLE			LIMITS?		
4	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO										WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div	ROAD IT EVER IN U.S. AR I X YES 2 1 MAR OR DATES KOREA		If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Se an, Puerto Rican	E — American Indian, ik, White, etc.					
	15. DE	CEDENT'S US	JAL OCCUPAT	TION	16b. KIN	D OF BUSINESS	S/INDUSTRY					
E	(Specify only highest grade comp Elamentary/Secondary (0-12) Co		College (1-4 or 5	lega (1-4 or 5+)		kind of work done during most of working NOT use retired.) ENTORY SPECIALIST			ARMY MAP SERVICE			
COMP	17. FATHER'S NAME (First, I	Middle, Last)				1 011	18. MOTHER'S N					
BEC	JOSEPH A		EYMOUR				MARY			ALLAHA	N	
2	196. INFORMANT'S NAME		MOHD (III				and Number or Rura					
	CARMEN R.		MOUR (WI	20b. PLACE	OF DISPOSITION		KILL ROAL emetery, crematory or		20c. LOCATIO		AND 20852 own, State	
	1 Buriel 2 Cremati		noval from State	GATE	OF HE	AVEN (CEMETERY		SILVE	R SPRI	NG, MARYLA	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W., SIL, SP., MD 20											
N: MEDICAL CERTIFICATION	Sequentially list cond if any, leading to immersuse. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	b. OUE	OOR AS A CONSE	OUENCE OF):) a	ilure				ys ys	
	PART II. Other algnificant conditions contributing to with but not resulting in the underlying cause given in Part I. Concerns of the part of the underlying cause given in Part I. Performed? 1 yes 2 No 248. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAU OF DEATH? 1 yes 2 No											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1											
ву РНУ:	27. MANNER OF DEATH 26e. DATE OF INJURY Month, Dec. Year) 26b. TIME OF INJURY WORK? 26d. OESCRIBE HOW INJURY OCCUREO 1 YES 2 NO 1 YES 2											
TED E	3 Suicide 5 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										I Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.										e(e) and menner se stated	
BE	SCEVA M) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year 10 493 3 26 9)										EO (Month Day, Year)	
2	AND ADDRESS	OF PERSON W	HO COMPLETED CA	lers 1	m.11	int) Rel	Roz	Koch	e m	132	6851	
	DATE FILED (Month, De MAR 2	8 '91	32. REGISTI	RAH'S SIGNATURE	50 0 00						*	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND I		GIENE S. NO.	
1. DECEDENT'S NAME (First, Middle, Lest) W/Mam	Carroll	Tobe	nev	(Tavenner	2. DATE OF DE	L 3"- 9	YEAR 3. TIME OF OEATH
579-48-8667	7 M 2 □ F 5	(In yrs. lest birthdey)		DAYS HOURS MIN.	7. DATE OF BIR (Month, Day,) July 28	3 1934	B. BIRTHPLACE (State or Foreign Country) Washington D.C.
99. FACILITY NAME (If not institution, give street 5821 Marlboro Pike RESIDENCE OF DECEDENT				stville	ATH		ry of death ce George
10e. STATE 10b. COUNTY MD Prince	George		town on				10d, INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 5821 Marlboro Pike		'	15	101. ZIP CODE 20747		USA	EN OF WHAT COUNTRY?
	. WAS DECEOENT EVER FORCES? 1X YES IF YES, GIVE WAR OR I KOTEAT	2 NO	H y	AS DECENOENT OF HISPAN yes, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, e	elfy Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EOUCATI (Specify only highest grade com Elementary/Secondary (0-12) 10		16a. DECEDENT'S I (Give kind of w life. Do NOT use TOUTE SA	rork done dur e retired.)	ring most of working		of Business/INDU	
17. FATHER'S NAME (First, Middle, Last) Carroll Lee Tavenn	er			18. MOTHER'S NA		· ·	
190. INFORMANT'S NAME (Type/Print) Catherine Waldon				Street and Number or Rural Street #C6			
20e. METHOD OF DISPOSITION 1 □ Burlel 2 M Cremetton 3 □ Removal 4 □ Donatton 5 □ Other (Specify)	from State		ITION (Name	e of cemetery, crematory or	2	lexandri	ilty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENS	Nichol	la s	Rob	oert E. Will	nelm Fur	neral Ho	
			1.511.1	itland Marv	land 20	1/46	
23. PART i. Enter the diseasee or comehock, or heart fellure. Lief				itland Mary he mode of dying, suc		746 reaplicatory arre	Approximate interval Between
ehock, or heart fellure. Lies	only one cause on	each line.	ot enter th	he mode of dying, suc	h as cardiac or	reapiratory arre	
ehock, or heert fellure. Lief iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	each line.	ot onter the		h as cardiac or	reapiratory arre	interval Between
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ehock, or heert fellure. Lief iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other, significant conditions of	DUE TO (OR AS	A CONSEQUENCE OF	def	he mode of dying, such	Part i. 24a. V	PAS AN AUTOPSY PERFORMED?	interval Between Onset and Death B-ULA-S 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
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ehock, or heert fellure. Lief iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cond	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS ONTRIBUTED TO (OR AS ONTRIBUTED TO (OR AS)	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in tention 3 DOA 28b. TIMI INJ TY — All home, term, a ecily)	OTHER: OTHER: URY M Street, factor	lerlying cause given in 26. PLACE OF OEATH (C): ing Home 5 PResidence 28c. INJURY AT WORK? 1 YES 2 NO ry, office	Part I. 24a. V Peck only one) 6 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Your Town on the cause(e) of lime, date and pi	PAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Number of State) Ond manner on state lace, and due to the	interval Between Onset and Death B-ULAS 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 4, 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

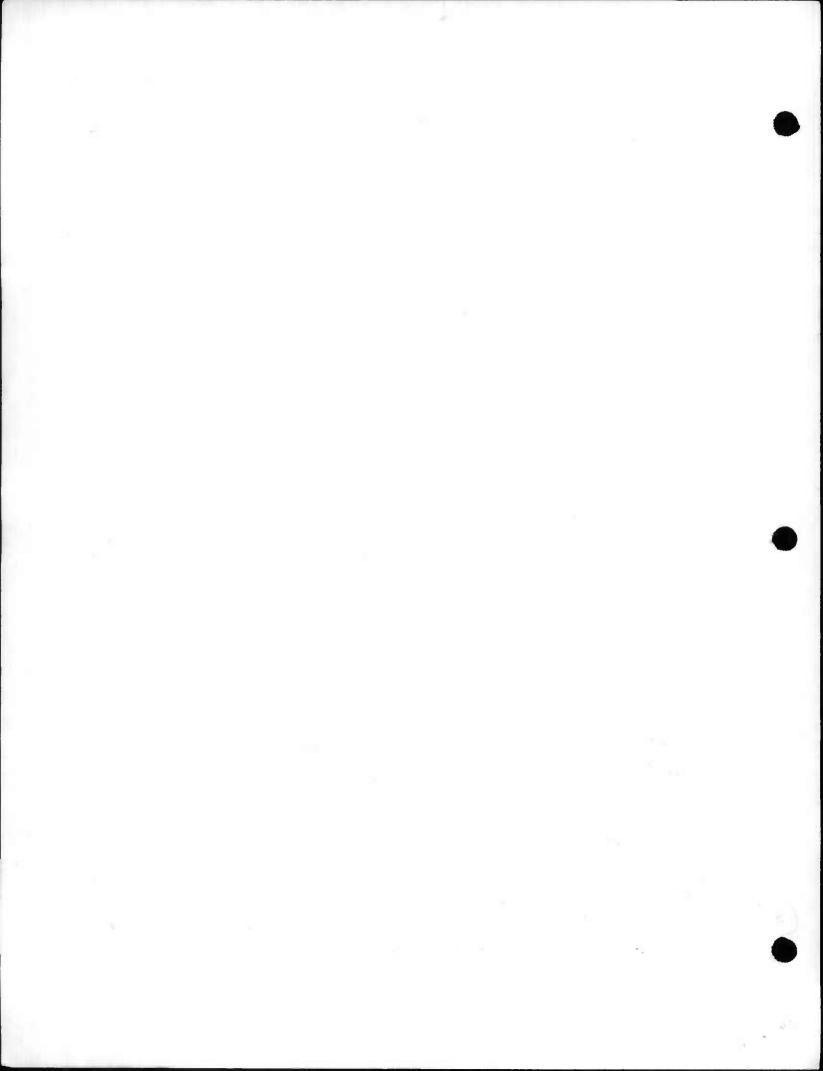
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

WR26 '91

Julia Davidson-Randall

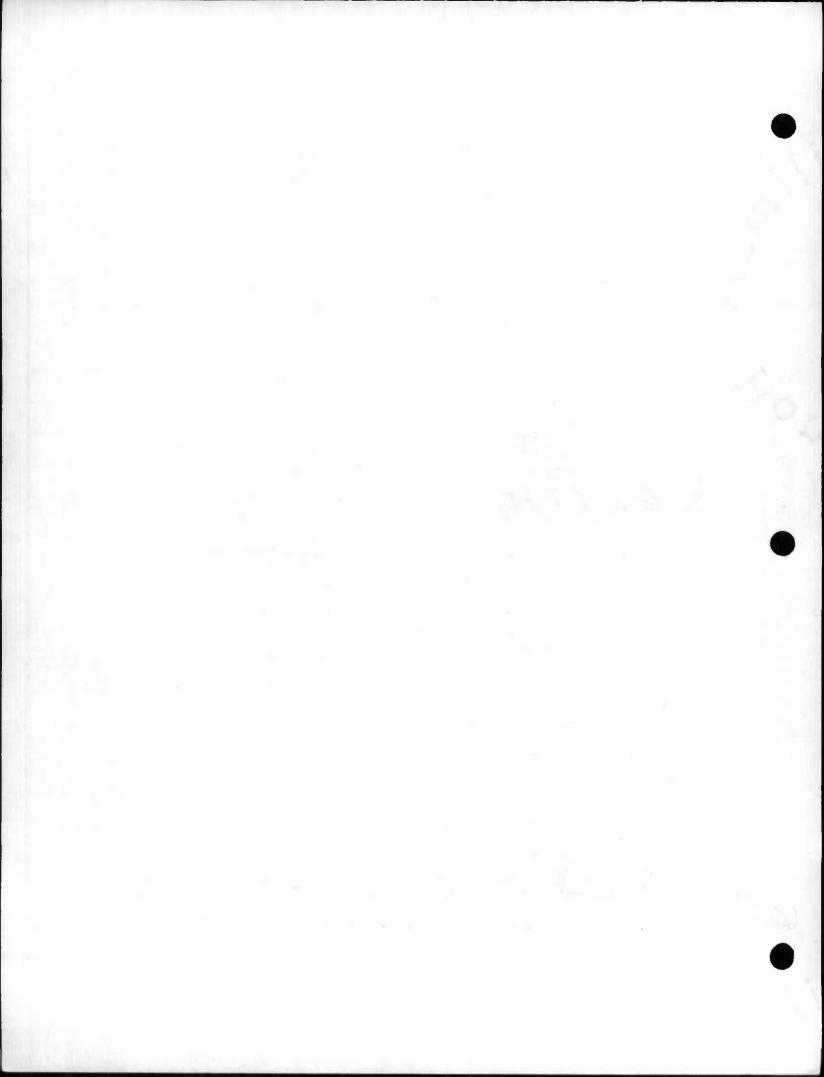
TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89



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	ar this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sp	esty	
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OR ATTENDING PHYSICIAN: The law requires that the des	r this	th wit	arke
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B	DIRE	hour	Item
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THE MOSCITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- Jours after death. Page 6 may be retained by the hospital or attending physician.	THE FINERAL DIRECTOR: After	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F	HT C	e file	MPO
. 19	W.	0	-

	FOR STATE REGISTRAR	STATE OF I		/ DEPAR CERTIF					MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Mid	die, Last)							2. DATE	OF DEATH		VEAR		OF DEATH
	SARAH TH	IOMPSON							Man	rch 21	, 199	91	8:1	3 р. м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH		Country	4	ete or Foreign
Н	219-48-3817	1 M 2 F	45	YRS.	Bontina	- DATE	Hoons	more.	MAR	CH 10		CHAR		CTY, M
	9a. FACILITY NAME (If not institut	tion, give street and number)			9b. CIT	, TOWN C	R LOCATIO	ON OF DE	EATH		9c, COU	NTY OF DE	ATH	
8	PHYSICIANS M	MEMORIAL HOST	TTAL		I	APL/	\TA_				CF	HARLE	S	
5	RESIDENCE OF DECED	COUNTY	-	10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSI	DE CITY
DIRECTOR	MD.	CHARLES		MZ	MARBURY							1 X YES	TS? 3 2 NO	
	10e. STREET AND NUMBER		101. ZIP CODE						10g. CIT	IZEN OF W	HAT COU	NTRY?		
FUNERAL	RT# 1 BOX	61 MARBUR	Y. MD	D. 20656						U.	S.			
3	11. MARITAL STATUS	12. WAS DECEDE	T EVER IN U.S.	ARMED	13.					N? (Specify Yes	or No-	14. RACE	- Ameri	cen Indien,
	1 Never Merried 2 1 Mar	IF YES, GIVE	MAR OR DATES				ecity Cubs			Rican, etc.)		Specif	V-	
ВУ	3 Widowed 4 Divorced						Λ					<u> </u>	BL.	ACK
COMPLETED		NT'S EDUCATION hest grade completed)	16a.	(Give kind of life. Do NOT u	Work done	during mo	ON at of working	ng	161	, KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)		+1 1	HOUSE						HOM	EMA	KER		
M	10th grad			0051	311.2.2		40 1107	MEDIO MA	ME (Elm)	Middle: Maiden	Company			
	The second secon	N. S. A.					IS. MOT			INE R		v		
BE	19a, INFORMANT'S NAME (Type)	N F. KEYS		19b. MAILIN	3 ADDRES	S (Street)	nd Numbe			aber, City or Tow				
2	JAMES R.			RT#	1	BOX				RY, M			6	
	20a, METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (N	ame of ce	netery, crer	midnes es		200 10		- City or To		
	1 NBurial 2 Cremetion 4 Donation 5 Other (Sp.		- WEL	COME	ON	BAP	risi	CH	I.CE	M WEL	COM	E, M	ARYI	LAND
	21. SIGNATURE OF FUNERAL SI	ERVICE LICENSEE		001111	22	NAME A	ND ADDRE	SS OF FA	ACIUTY _M	ONTEO	MED	V DD	OTH	ERS F.
	1	& Trant	#879/	•	7	19_	KENIN	IEDV	z ch	, N.W	TAT 7	V CII	OTIL	cho r.
	23. PART I. Enter the dise	ses, or complication th	at caused the	death. Do										proximate
	shock, or hear	t fallure. List only one ca												erval Between
	IMMEDIATE CAUSE (Final disease or condition	Ca	rde	ac	a	n	1.	0	Kun	ia				
- 1	resulting in death)	DUE T		REQUENCE O		,	7						-	
7		1	epl	ce	an	-	a							
5	Sequentielly list condition if eny, leading to immedia	le l	O (OF AS A COM	SEQUENCE (OF):		1							
2	CAUSE (Disease or Injury	1. re	na	e -	15	ec	Kei	~	۸	-				
H	that initiated events resulting in death) LAST	OUE T	O (OR AS A CON	esequence	DP):	74	lea	T	1	ul	u	ť	i	
CERTIFICATION		a con	7					- 6	1				+	
CAL	PART II. Other significant	conditions contributing t	o death but n	ot resulting			-			24a, WAS AI PERFO		7 24b		TOPSY FINDINGS LE PRIOR TO
	nepper	the sy	ylins	_			en	4 .	A	1 TYES				TION OF CAUSE
MED	anas	area,	ase	ites	-10	rei	do	re	2				1 TYE	8 2 NO
ä	Respir	tony fa	elar	2_										
N N	25. WAS CASE REFERRED TO N EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	hack only	one)				
YSI	1 TYES 2 NO	1 Impatient 2	☐ ER/Outpation	n 3 □ DOA			ne 5 🗆 R	Residence	6 🗆 Oti	ner (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE ((Month,	OF INJURY Ony, Year)	28b. Ti	ME OF	W	JURY AT ORK?		26d. Di	EŞCRIBE HOW	INJURY O	CCURED		
Β¥	1 Natural 5 Per 2 Accident Inve	estigation			М.		YES 2	□ NO						
ED			OF INJURY A g, etc. (Specify)	lt home, form	, street, fa	ctory, offi	DB		28f. LO	CATION (Street y or Town, State	and Numb)	er or Rural i	Route Nutt	nber,
MPL	cont only	/ING PHYSICIAN: To the best												
COMPLET	2 MEDICA	L EXAMINER: On the basis of	examination and	d/or investigat	lion, in my	opinion,				na and place, i				
BE	296. SIGNATURE AND TITLE OF	Vo f	111	in	1			CENSE NU			29d, D/	ATE SIGNET	(Month,	9ay, Year)
2	30, NAME AND ADDRESS OF P	EBSON WHO COMBI ETER OF	USE OF DEATU	(ITEM 27) (3-	na Dyinat		П	-083)/U		1 4	1	(2)	//
, -						n 0	De	ar 17	77	LoD1c+	0 1/	[am+1 -	ban	20646
	PAUL E. PRITO 31. DATE FILED (Month, Day, Yea	HETT MD 118	LaGrar	ige Av	e.,	r. U	, RO	X 15	01/,	Lariat	a, IV	aly 1	ulu	20040
	MAR 25	'91 Ju	LAN'S SIGNATUR	on-gand	عالات									



TO BE COMPLETED BY FUNERAL DIRECTOR

		9 1	-1541-				-	1 1	9000
FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL H	YGIEN EG. NO.	E ,	1 0	7000
1. DECEDENT'S NAME (First, Middle, Last)				-11	2. DATE OF D	DA	,	VEAR 3.	TIME OF DEATH
Cory	Andrew		Tho	mpson	MONTH 3	13		1991	11:35 1
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			8. BIRTNPLA	ACE (State or Foreign
212-11-3751	1 XM 2 - F	19 YRS.	MONTHS DAYS	HOURS MIN.	March March	20.1	971		ington, D.
Se. FACILITY NAME (If not institution, give s.	treet and number)		9b. CITY, TOWN	OR LOCATION OF D				TY OF DEAT	
800 Saint Jame	s Court		Acco	keek			Pr	ince	George
10a. STATE 10b. COUNTY	,	10c. CI	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY
Maryland Prin	nce Georges		Accokee	Je.				1	LIMITS?
10e. STREET AND NUMBER	nee dediges			of, ZIP CODE			10a. CITIZ		T COUNTRY?
800 Saint James	Courset							ed Sta	
11. MARITAL STATUS	12. WAS DECEDENT EVER	NIIS ASMED	12 WAS DE	20607 CENDENT OF NISPA	NIC ODICING (P.	andhi Van			
1 Nover Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mexic S 2 NO Spec	an, Puerto Ricar		or No.	Black, W Specify:	American Indian, hite, etc. Black
15. DECEDENT'S EDU (Specify only highest grade	CATION		USUAL OCCUPAT		16b. KIN	D OF BUS	INESS/IND	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT L	work done during make retired.)	iosi di working					
12th grade	,	Telepl	none Ope	rator	C 8	PI	eleph	none (Company
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle	e, Malden	Surname)		
Horace	Lee	Thompson	n	Barba	ra	DeS	heron	1	Evans
19a. INFORMANT'S NAME (Type/Print)				and Number or Rura	Route Number, C				
Horace & Barbara 7	Thompson (par	ents) 80	O St. Ja	mes Cour	t Accok	eek	Mary	land 1	20607
20a, METHOD OF DISPOSITION	7-7-	b. PLACE AND DAT						ity or Town,	
1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	cemetary, cremator	y or other place)	Momoria 1					ryland
21. SIGNATURE OF FUNERAL SERVICE LIC		actoriat		AND ADDRESS OF F		Lai	dove	, Pidi	yranu Name
· Carol Seth	es- On Do	men		Georgia					
23. PART I. Enter the diseases, or	compilcations that cause	d the deeth. Do							Approximata
ahock, or haert failure. IMMEDIATE CAUSE (Final	List only one cause on	each lina.							Onset and Date
	COLTRA	C C 11	05 (1.0	DIAN OF	- 45	OM			
resulting in daeth)	DUE TO (OR AS	A CONSEQUENCE	OF:	01000	(-10	1-2 0			
			.,						
Sequentially list conditions,									l
if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE (PF):						
if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	c								
if any, leeding to immediate cause. Entar UNDERLYING	c	A CONSEQUENCE (
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c DUE TO (OR AS	A CONSEQUENCE (PF):	ng cause given i	n Part I 244	WAC AM	ALTYVDEV	24b W	COE ALTTREV EMPINA
if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c DUE TO (OR AS	A CONSEQUENCE (PF):	ng ceusa given i	n Part I. 24	. WAS AN		Av	ERE AUTOPSY FINDING
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if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR AS	A CONSEQUENCE (PF):	ng ceusa given i	x	PERFOR	MED?	AN CC OI	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	cDUE TO (OR AS	A CONSEQUENCE (in the underlyl	ng causa given i	X	PERFOR	MED?	AN CC OI	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR AS	A CONSEQUENCE (In the underlyl		TX H	PERFOR	MED?	AN CC OI	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
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if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS d	but not resulting	OTHER: 4 Nursing No ME OF JURY 3 3 3 1 1	PLACE OF DEATH (to me 8 X Residence NJURY AT FORK? YES 2 X NO	Sheck only one) 8 Other (Se 28d. DESCRI Self 28f. LOCATIO	PERFOR	Onl	y W	MALABLE PRIOR TO DOMPLETION OF CAUSE DEATH? FES 2 NO
if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS d	but not resulting	26. OTHER: 4 Nursing No ME OF JUNY 3 3 4 1 street, factory, off	PLACE OF DEATH (to me 8 X Residence NJURY AT FORK? YES 2 X NO	theck only one) ■ □ Other (Sc ■ 26d. DESCRI S e 1 f ■ 261. LOCATIC City or R	PERFOR	Onl NJURY OCC	y 11 SURED ed G	MALABLE PRIOR TO DOMPLETION OF CAUSE DEATH? FES 2 NO

O.C.M.E.

DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

nours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

PLETED CAUSE OF DEATH (ITEM 27 (Type, Print)

1 11 Penn Street Baltimore, Maryland 21201

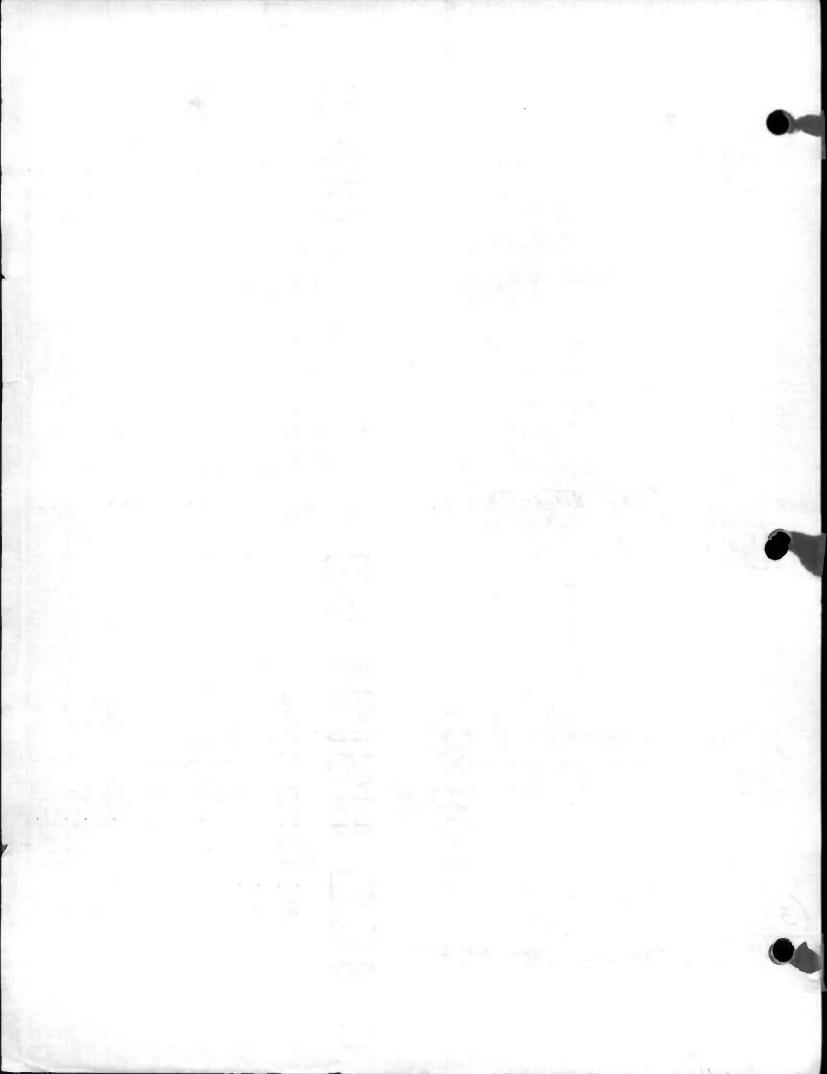
2 MEDICAL EXAMINER: On the

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year)
MAR 26 '91

296. SIQNATURE AND TITLE OF CERTIFIER

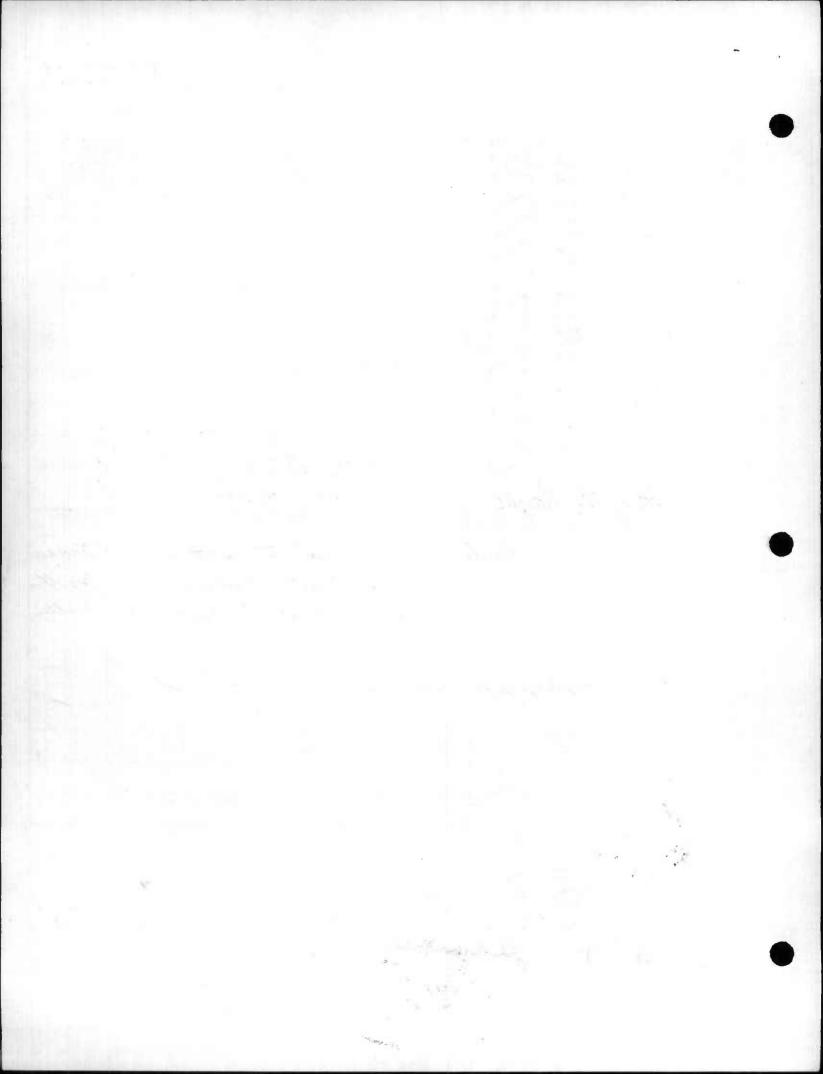
29d. DATE SIGNED (Month, Day, Year) 3-20-1991



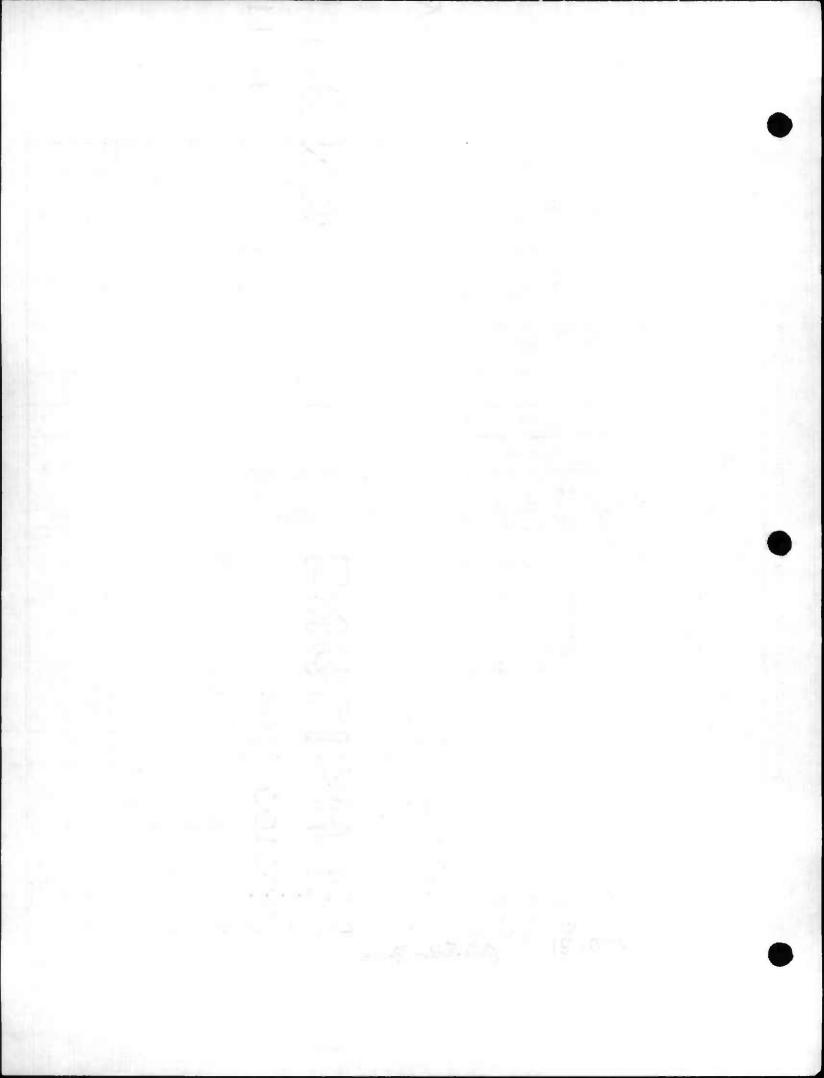
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	xecuted with	and complet burial, cren	natic event
BOX	ficate be ex	physician a	her traum
P.O.	leath certi	attending intal Hygie	ry, or ot
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	v requires that the o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	shows any Injus
. VITAL	ICIAN: The law	certificate has	or Item 23
N OF	ING PHYS	Viter this cleath with	marked,
DIVISIO	OR ATTEND	DIRECTOR: A	Item 28 Is
_	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

urial-transit permit, Pages 1, 2, 3 sh

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATN		3. TIME OF DEATH
	William Eugene Tr	raver Sr.				March	31, 19	91	1 A.M. M
	4. SOCIAL SECURITY NUMBER 6. SE		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	I a Dimer	IDI ACE (Contract Contract
	214 22 2130	2 □ F 81	YRS.	ONTHS DAYS	HOURS MIN.	8/29		Count	Maryland
6	98. FACILITY NAME (If not institution, give street and 6700 Sykesville	e Road	r Ave.	Sykesv:	R LOCATION OF DE	ATH		roll	DEATH
5	RESIDENCE OF DECEDENT								
FUNERAL DIRECTOR	Maryland Carrol:	1	10c. CITY,	Sykes					10d. INSIDE CITY LIMITS? 1 YES 2/12 NO
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
EH	6700 Sykesville	, Road			21784		U.	S.A.	
3		AS DECEDENT EVER IN			ENDENT OF NISPAN			14. RAC	E — American Indian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FYES, GIVE WAR OR DAT	2 NO		2 NO Specify		rtc.)		White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo	DN st of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
7		ege (1-4 or 5+)		,			73 1		
M	11th	====	Master	Plumbe			Plumb	ing	
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI				
B	Eugene Trayer					mie May			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A		nd Number or Rural F	Collin Ches. 14			
	Gary L. Trayer				Street				
	20s. METNOD OF DISPOSITION 1 Department 2 Cremetion 3 Removal fr	om State	PLACE OF DISPOSIT	TION (Name of cen	netery, cremetory or		20c. LOCATION -		
	4 Tonation 5 Other (Specify)	Lk	other place) ake View	-			Sykesvi	He,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSER	1.4			O.B. 195	Hai	ght Fun		
	23. PART I. Enter the disesses, or compl	ightions that caused	the deeth. Do no						Approximate
	shock, or heart fellure. List of	nly one ceuse on ear	ch line.	t olkol tilo lilo	do or dying, adol	il da Cololec O	respiratory a	ireat,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0 -	m		1.1 -				Onset and Death
	resulting in death) a	DUE TO (OR AS A	CONSECUENCE	o card	clar -	15th	JI ON		ROUL
		DUE TO (OR AS A O	SONSEOUENCE OF)		16 4	Fi.	7		100 14
O	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	ue (tan	1 ack	me		Honey
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		Alm:	, ,	Conal	Fair	Our		months
프	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)						
F	resulting in desth) LAST								
2									
AL	PART II. Other significent conditions con				g ceuse given in		MAS AN AUTOPS' PERFORMED?	/ 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	Grochase	pageal	Calchon	ne		10	YES 2 NO		OF DEATH?
ME									1 YES 2 NO
ż	familiar or the								
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eak only one)			
Sic		SPITAL: Inpatient 2 - ER/Outpe	tlent 3 DOA	OTHER: Nursing Hom	e 6 Residence	6 Other (Spec	elfy)		
Ě		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	URY AT	28d. DESCRIBE	NOW INJURY O	CCURED	
ВУ	1 Natural 5 Pending Pend	,,			YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specific	— At home, farm, str	reet, factory, offic	•	281. LOCATION City or Town	(Street and Numb	er or Rural	Route Number,
쁜	4 Homicide determined		,,			Oily or 10m	, (1010)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the heat of my knowle	dae death occurred	of the time date	and place, and due	to the course(s)	and manner se si	Interd	
M	(Check only one) 2 MEDICAL EXAMINER: On								a) and manner as stated.
				3.11					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	13. 1	7	40.0	29c, LICENSE NUN		29d, D/	TE SIGNE	D (Month, Day, Year)
2	1 COURSE C	Allel	Reg	MO	D 252	J 7		1/1	181
	30. NAME AND ADDRESS OF PERSON WNO COM				13 8. 4 . 6 .	Tab.	40 /	7/2 2	21784 SBURG MD
	ROBERT C A	MMLUNCE 32. REGISTRAR'S SIGNA Gulia Davido	MO	174	48 41BE	RIYK	D C	LDER	J847 190
	31. DATE FILED (Month, Day, Yber)	32. REGISTRAR'S SIGNA	TURE						
	APR 1 '91	guia Davido	Charles Inin						



	1. DECEDENT'S NAME (First, A	Middle I set			1 1000000	MED	OF DEA		TE OF DEATH		1 .	TIME OF DEATH
		WILDUIR, LEST)	Aa		lark TUR			MC	NTH C		PAST	
	Aaron 4. SOCIAL SECURITY NUMBER	· · · · · · · · · · · · · · · · · · ·	5. SEX	M AGE (In	n yrs. last birthday)	Turn		() ER 24 HRS. 7. DA	TE OF BIRTH			CE (State or Foreign
	220-29-725		1 🖾 M 2 🗆 F	or more in	YRS.	MONTHS DA	YS HOURS	MIN. (M	onth, Day, Year)		Country)	
	9e. FACILITY NAME (If not insti			J		5 2 96. CITY, TO		TION OF DEATH	t. 11,	1990 9c. COUNTY		Maryland
	Washington	Coun	ty Hospit	al		Hage	rstown	1		Wash	ingt	on
ECTOR	RESIDENCE OF DECE	10b. COUNT			10c. CI	TY, TOWN OR L						1. INSIDE CITY
DIR.	Maryland		Washing	ton		Hager						LIMITS?
	10e. STREET AND NUMBER		_ waoniing	COII		nager	101. ZIP CO	DE		10g. CITIZE		COUNTRY?
ER/	1021-C No1a	and D	rive				21	L740		U.S	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 N 3 Widowed 4 Divorce		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 XNO	If ye		OF HISPANIC OR ben, Mexican, Pue O Specify:		es or No—	Black, Wi Specify:	American Indian, hite, atc. White
ETED	15. DECEI (Specify only	DENT'S EDU			16a. DECEDENT'S	S USUAL OCCU work done durin	PATION to most of wor	trina	16b. KIND OF BI	JSINESS/INDUS	TRY	
	Elementary/Secondary (0-1		College (1-4 or 5	+)	life. Do NOT u	use retired.)		1				
COMPL	17. FATHER'S NAME (First, Mid	della Lauth	0				T 40. 140	THERE NAME (F)		- 6	_	
	The second second second second	urner					16. MC	THER'S NAME (FA Lori An				
BE	19a, INFORMANT'S NAME (Typ				19b. MAILIN	G ADORESS (S	reet and Numb	Der or Rural Route N			ode)	
2	Lori Ann La	ady			1021-	C Nola	nd Dri	ive Hage	rstown	Maryl	Land	21740
	20g. METHOD OF DISPOSITIO	ON 3 D Ben	novel from State	010	PLACE AND OAT	TE OF OISPOSI	TION (Name		ATE 20c. L	OCATION — CI	ly or Town,	State
	4 Donation 6 Other (Specify)		"Ğ	reen La	wn Mem	orial	Park 4-	4-9 Wi	Lliamsp	ort,	Marylan
	21. SIGNATURE OF FUNERAL		CENEE				AE AND ADDE	RESS OF FACILITY		_	7 77	
		SERVICE L	CENSEE .	•				RESS OF FACILITY				
	and the second s	seeses, or pert fellure	Mins			415	East	Wilson	Blvd.	Hagers	stown	, Md. 2: Approximate Interval Betw
IFICATION	shock, or he IMMEDIATE CAUSE (Fina disease or condition reaulting in death) Sequentially flat condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injust that initiated events	seeses, or ert fellure.	complications the List only one call. a. SUDDET b. OUE TO C.	O (OR AS A	ech ilne.	415 not enter the orp:	East	Wilson such as	Blvd.	Hagers	stown	, Md. 21 Approximate Interval Between
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BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

OF VITAL RECORDS,

DIVISION

page 5 should be detached for use as the burial-transit permit, To notified 9 must examiner medical the event. traumatic has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to other 0 injury, shows any DIRECTOR

FUNERAL

BY ETED

COMPL

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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COMPLET Hem

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2

30. NAME AND ADDRESS OF

PERSON WHO COMPLETED

E OF DEATH (ITEM 27) (Type

23

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28

certificate h Hem

With marked, this

death

DIRECTOR: /

FUNERAL I IMPORTANT: If

표 THE Fied 23

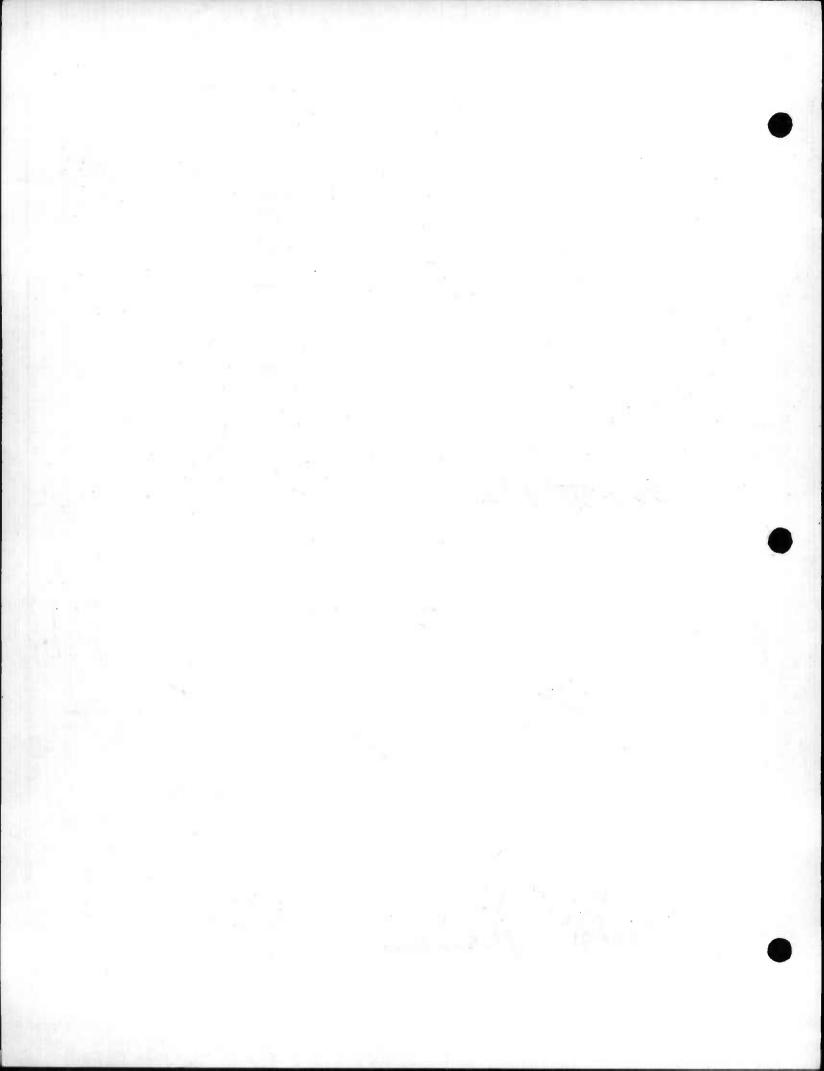
After

1, 2, 3

Pages

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 04 0 3. TIME OF DEATH 07 DAY 91 Marie Troncatti Anna 11:47 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) Penna . IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 208-10-7374 88 DAYS HOURS 1 M 2 X F VDS Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Avalon Manor Home, Inc. Hagerstown Washington RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Washington Hagerstown 1 YES 2 X NO Rt # 8, Box 35 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? xk08xk 21740 United States 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: Specify: White 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) Elementary/Secondary (0-12) 8 housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph W. Hahn Anna Wharton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Richard V. Troncatti 107 Nursery rd., Hagerstown, Md. 21740 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION --- City or Town, State urial 2 Cremation 3 Removal from State Monongahela, Pa. 4 ☐ Donetion 5 ☐ Other (Specify) Monongahela Cemetery 21. SIGNATURE OF SUMMAL SERVICE LICENSE 22 MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate shock, or heart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initieted events DUE TO (OR AS A CONSEGU resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the undariying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 ☐ YES 2 ☐ NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 UYES NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED INJURY Netural 8 Pending 1 YES 2 NO Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of ax ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)



ithin 2 - Nrs after death. Page 6 may be retained by the hospital or attending physicia	letely filled in by the funeral director, page 5 should be detached for use as the burial-transmission, or removal.	nt, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th has the burial-th has the burial. Cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

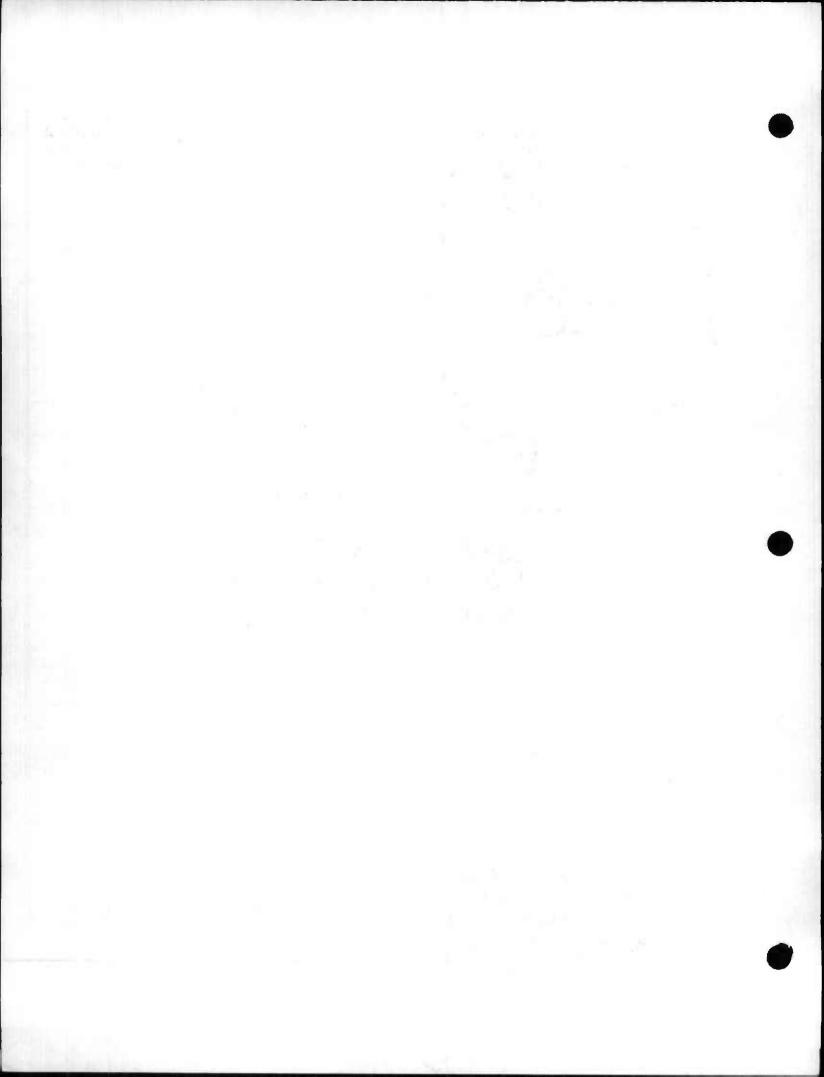
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	ENE 9	0986
CERTIFICATE OF DEATH REG N	NO	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL	HYGIENI REG. NO.	9	1 0	9867
	1. DECEDENT'S NAME (First, Middle, Lest)	JAMES H.	TRACEY	rec	en	2. DATE O	F DEATH DA	_	PAR	6150 M
_	4. SOCIAL SECURITY NUMBER	1. M 2 F	70 YRS. MON		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	.IIII.Y		8. [Country) ASHIN	GTON D.C.
TOF	RESIDENCE OF DECEDENT	1025110X		SILVE	R_SPRING			MON'	TGOME	RY
DIRECTOR	MARYLAND MON'	IGOMERY		WN OR LOCAT						INSIDE CITY LIMITS? YES 2 NO
RAL	100. STREET AND NUMBER	P		101	ZIP COOE			10g. CITIZEN		COUNTRY?
BY FUNERAL	13329 LOCKSLEY LAN	C. 12. WAS DECEDENT EVER IN U FORCES? 1 7 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	20904 ENDENT OF HISPAN city Cuben, Mexices 2X NO Specify	n, Puerto R				nericen Indien, e, atc.
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementery/Secondary (0-12)		(Give kind of work of the Do NOT use reti	done during mo		18b.	KIND OF BUS	INESS/INDUST	TRY	
OMP	17. FATHER'S NAME (First, Middle, Last)	4	CPA		18. MOTHER'S NA	ME (First, M	iddle, Malden	Surname)		
BE C	EARL TRACEY		0	, N	NELL N					
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street e	nd Number or Rural F	Route Numb	er, City or Town	n, State, Zip Coo	de)	
-	GENEVIEVE M. TRACI		13329 LC			SILVE		ING MAI		
	1\(\) Buriel 2 \(\) Cremation 3 \(\) Remote Remote 4 \(\) Donetion 5 \(\) Other (Specify)	val from State	other place) ATE OF HEA						75.27F.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AP	D ADDRESS OF FA	CILITY				
	Potent 0	Madase.			S J. COI					
	23. PART I. Enter the disesses, or co		the death. Do not e							Approximate interval Batween
	IMMEDIATE CAUSE (Final	ist only one caus∳ on esc					4			Onest and Death
	disesse or condition resulting in death)		ardia	- C	OLVI	7	CN	mio		
		OUE TO (OR AS A C	ar Dia consequence of:		00	ta,	oin	212	Por	2
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):	2						
CA	csuse. Entar UNDERLYING CAUSE (Disease or Injury									
F	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						i	
MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting in th	na undariyin	g csusa given in	Part I.	24a. WAS AN PERFOR	MEO?	AWAIL COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?
Σ.						- 1			''	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only on	»)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa		HER: Nursing Hon	e 5 🗆 Realdence	8 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WC	URY AT	28d. DE\$	CRIBE HOW I	NJURY OCCUP	RED	
B⊀	2 Accident investigation	28a. PLACE OF INJURY -	- At home, farm, stree		YES 2 NO	28f: LOC/	ATION (Street	and Number or	Rural Bouta	Numher
TED	3 Suicide s Could not be 4 Homicide determined	building, etc. (Specif	(y)				or Town, State)			
COMPLETED	(Original Original	CAN: To the best of my knowle							euse(s) end	manner ee atated.
ECC	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Mon	th, Day, Year)
00	200	Sander	- 42	>	D08	.54	6	▶3	-30	190
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	718	SWIS	مروه	~ 81	N C	عدو	Show
	31. DATE FILED (Month, Day, Year)	32. MEGISTRAR'S SIGNA							-	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 Hours after death. Page 6 may be retained by the hospital or attr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	Crem	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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•	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND N F DEATH		GIENE G. NO.		
1	1. DECEOENT'S NAME (First, Middle, Last)	PHOMAPS	R THOM			2. DATE OF DE MONTH	AT25-21	1991 3.	TO OF REATH A
	4. SOCIAL SECURITY NUMBER 705-07-7564	5. SEX 6. AGE (III	982 YRS.	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Dey,	TN (2007)	Country)	yland
OR	98. FACILITY NAME (If not institution, give s Greater Lagrel	Beltsvill	e Hosp	9b. CITY, TOW	n or Location of DE Laure 1	EATH		DICE	GEORGE's
DIRECTOR	Maryland H	y Howard	10c. CIT	y, town on Lo					d. INSIDE CITY LIMITS? YES 2 [3] NO
AL D	10s. STREET AND NUMBER				10f. ZIP CODE		10g. Cl	TIZEN OF WHA	
FUNERAL	9564 Cissell A				20707			USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	24 3NO	If yes,	DECENDENT OF NISPAN apacify Cuben, Mexica (ES X X NO Specify	in, Puerto Rican, e		14. RACE — Black, W Specify:	American Indian, Thite, etc. Black
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 5th		ille. Do NOT us	work done during		177. 1887.2	OF BUSINESS/IN		ad
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle,	Malden Surname)		
BEC	Dan Thomas				_1	e Wil			
0	196. INFORMANT'S NAME (Type/Print) Milton William	- (Cougin)	10000		et and Number or Rural				MD 20705
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPO	SITION (Name of	cometery, crematory or		20c. LOCATION -		
	1X Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	Mt Zior	n Ceme	tery		Laure		
	21. SIGNATURE OF FUNERAL SERVICE LI	K. Anow	Den	SN	AND ADDRESS OF FA OWDEN FU OCKVILLE,	JNERAL	HOME,	P.A.	
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on e			mode of dying, suc	ch ea cerdlec o	r respiratory (orreat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUD TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	Re	quitle	nex			
ERT	resulting in death) LAST	d			0	•			
MEDICAL	PART JI. Other algnificant condition	ns contributing to death b	ut not resulting	in the under	ying cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO	C	PRE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			_	8. PLACE OF DEATH (CI	heck only one)			
rsic	EXAMINER?	HOSPITAL:			Home 5 - Residence				
	27. MANNER OF DEATN 1 K Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b, TII	JURY	NJURY AT WORK?	28d. OESCRIB	E NOW INJURY (OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY				281. LOCATION City or Tox	(Street and Num vn, State)	ber or Rural Roo	rte Number,
COMPLET	(Check only	SICIAN: To the best of my know							and manner as stated.
BE	29b. SIGNATURE	water	7		29c. LICENSE NU		29d. 0	3/2x	Aonth Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	ie, Print)	UM	Bat	None	de R	1 laure
	31. DATE FILED (MONTS) Day West)	32. REGISTRAR'S SIGN	N PKL.	7 6	700	1001	1-000	ac pa	y county



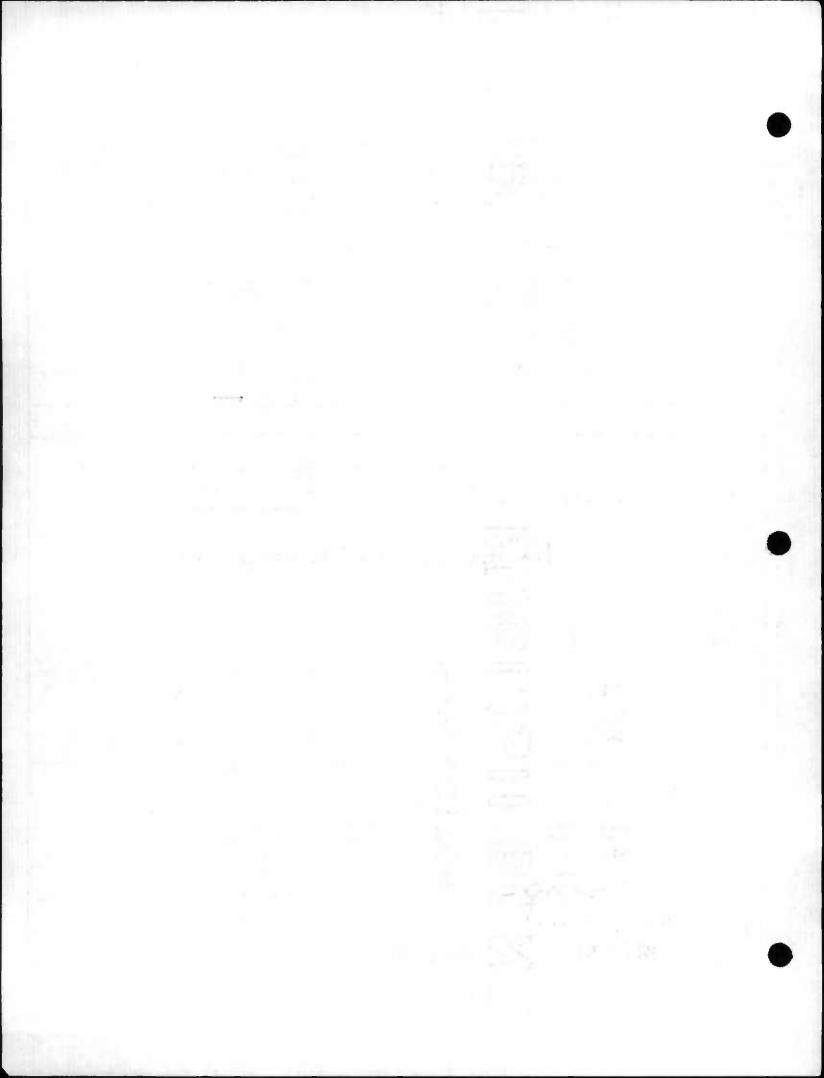


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	3 PHYSICIAN: The law requires that the death certificate be executed within 24 flours after of
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)			•					2. DATE OF E		v	VEAD	3. TIME OF C	
	Linda	L	ouise			Tre	sky			3	21	5	9 T	2:27	Рм
	4. SOCIAL SECURITY NUMB	EA	5. SEX	6. AGE (In yrs. las	birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS, MIN,	7. DATE OF E (Month, De	v. Year)		8. BIRTH	HPLACE (State of	or Foreign
	229-13-0283		1 □ M 2 🂢 F	27	YRS.	MONTHS	DATS	HOURS	mint.	3/11/	1964			insy1va	inia
	9a. FACILITY NAME (If not in		,				,	OR LOCATI	ON OF DE	ATH			INTY OF D		
6	University		al M.	E.M.S.		B	Alti	more		_		Ba1	ltimo	re	
University Hospital M.I.E.M.S. BAltimore RESIDENCE OF DECEDENT 100. STATE 101. STATE 102. STREET AND NUMBER 9J Rambling Oaks Way 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Cuben, Marital Status) 14. Marital STATUS 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Cuben, Marital Status) 16. CITY, TOWN OR LOCATION Catonsville 16. ZIP CODE 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Cuben, Marital Status) 17. Was DECENDENT OF HISPANIC ORIGIN? (Specific Cuben, Marital Status)										10d. INSIDE CITY					
HI	Maryland	Balt.	imore		Ca	tons	vi 1	le						LIMITS?	
7	10e. STREET AND NUMBER	-420	202.0		- 50.	00110	_	1. ZIP COD	E			10g. CIT	IZEN OF Y	WHAT COUNTR	
ER/	9J Rambling	Oaks	Way					2122	8			US	SA		
S	11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S. AR						IIC ORIGIN? (S			14 BAC	E — American k, White, etc.	Indian,
BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE					2 X NO	Specify	n, Puerto Ricar /:	1, etc.)		_Spec	elly:	
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7	Elementary/Secondary (0	1-12)	College (1-4 or 5		Couns	elor	•			Soc	cial	Work	c		
MO	17. FATHER'S NAME (First, M	iddle, Last)			, o caro	0101		16. MOT	HER'S NA	ME (First, Middl					
BE C	William J	Tresky						Ma	rgar	et Lar	e Ha	rdir	ıa		
	19a. INFORMANT'S NAME (7			191	. MAILING	ADDRES	S (Street			Route Number, (_				
2	William J	Tresky		5	910	Sky1	line	Heig	hts	Court,	Ale	exand	lria,	VA 22	2311
	20a. METHOD OF DISPOSIT		oval from State	20b. PLACE						DATE	20c. LO	CATION -	- City or To	own, State	
	4 Donetion 6 Dother			of competary Fairf	ax M					4/1	Fai	.rfax	c, Vi	rginia	1
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	0 /	1	22	. NAME A	ND ADDRE	e Fu	meral	Home	s. I	[nc		
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	23. PART i. Enter the d	iseasas, or c	omplications the	at caused the de	sth. Do	not enta	r the m	ode of dy	ing, suc	h as cardiac	or reapi	ratory si	rrest,		ximate si Between
	IMMEDIATE CAUSE (Fir		A A					^		0					and Death
	disease or condition resulting in death)	→	·Vhilti	ple is	in	50	> W	t	600	-pli	ati	5	5		
			DUE TO	PR AS A CONSE	Dhei)ce o	P):				4					
ON	Sequentially list condit		b	(OR AS A CONSE	DUENCE O	if);									
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Ē	CAUSE (Disease or injute that initiated events	'ry	QUE TO	(OR AS A CONSE	DUENCE O	F):									
E	resulting in death) LAS	T	d	<u> </u>											
MEDICAL CERTIFICATION	PART II. Other significa	nt condition	e contributing to	death but not i	esuiting	in the u	nderlyir	ng cause	given in	Part I. 24	. WAS AN	AUTOPSY	241	b. WERE AUTOP	SY FINDINGS
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AN	25. WAS CASE REFERRED T	O MEDICAL					26. F	LACE OF D	DEATH (Ch	eck only one)		_			
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 - Nu		me 6 🗆 A	esidence	6 Other (S)	pecify)				
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE O		26b, TIR	ME OF JURY	28c. IN	JURY AT ORK?		28d. DESCRI	BE HOW I	NJURY O	CCURED]	Driver	
ВУ	1 Netural 5 2 Accident	Pending Investigation	3-2-9	91	9:55				NO	Auto-	Auto	Imp	act		
	· 12 -	Could not be determined	26e. PLACE building	OF INJURY — At he, etc. (Specify)	ome, farm, Stree	atreet, ta	ctory, offi	Ca		26t. LOCATIO City or To	ON (Street own, State)	New	or or Rural	Rd. &	
ETE		- Cotton III III III III III III III III III I								S. Ro.	llin	g Rd	• -		
COMPLETED	Torroom only		ICIAN: To the best of												
Ö	2 NHED	ICAL EXAMINE	R: On the basis of	examination and/or	Investigati	on, in my	opinion,	death occu	ired at the	time, date and	d place, en	nd due to	the cause	(a) and manner	es stated.
BE (29b. SIGNATURE AND TITLE	OF CENTIFIE	5					29c. LIC	ENSE NUI	MBER		29d. DA		D (Month, Day,	Year)
9															
	Ann.	DIX	/	JSE OF DEATH (ITE	M 27) (Type	e, Print)		111	Penr	nSt. B	alti	more	, Md	. 2120	1
	31. DATE FILED (MORRY, Day, Your) MAR 28 91 Junia Davidona Bandelle														

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2. DATE OF DEATH

March 27, 1991

1. DECEDENT'S NAME (First, Middle, Last)

Maude

Lucy

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3. TIME OF DEATH

4:40 pm

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BALTIMORE, MARYLAND 21203-3146

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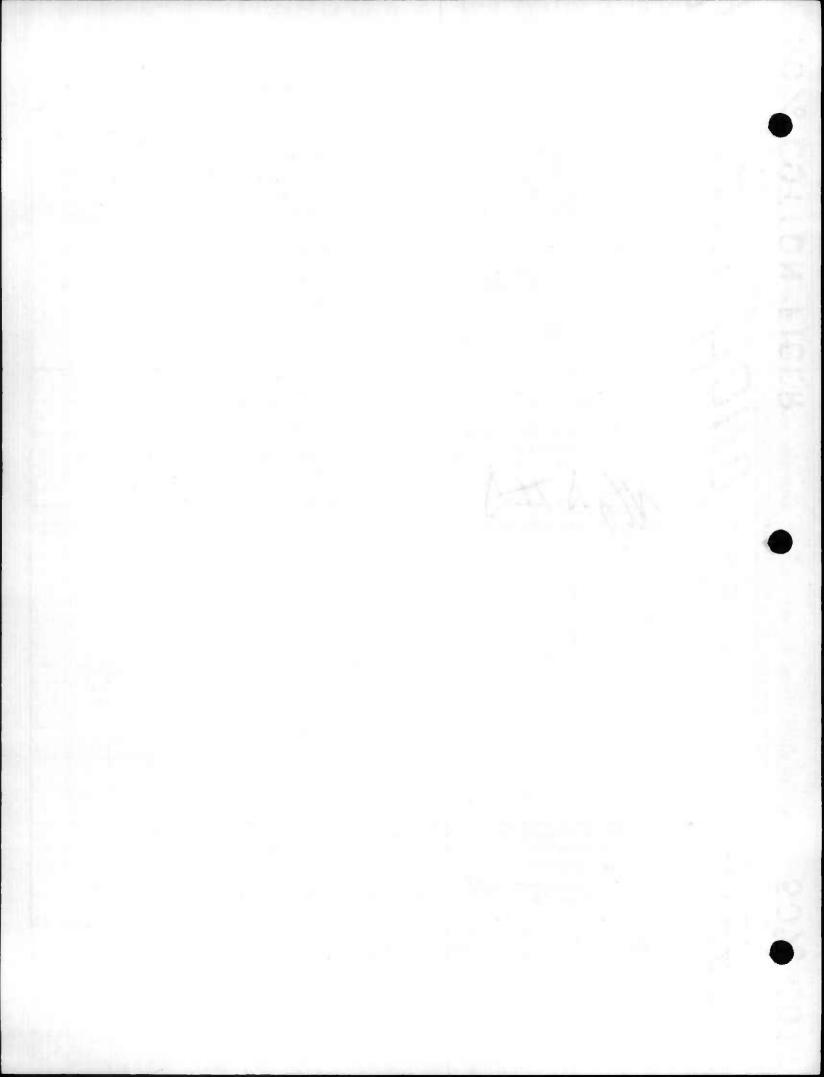
that the death certificate be

PHYSICIAN: The law

DIVISION OF VITAL

RECORDS, P.O. BOX 13146,

IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 XXF 88 YRS. August 23,1902 Virginia 579 10 2793 A 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e STATE 10d. INSIDE CITY Maryland Montgomery Garrett Park 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? hospital or attending physician. Iached for use as the burial-transit 10801 Montrose Avenue, Box 163 20896 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, While, atc. 1 Never Married 2 Married 1 TYES 2 XNO Specify: B 3 🕅 Wildowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade complete 166 KIND OF BUSINESS/INDUSTRY E Elementary/Secondary (0-12) College (1-4 or 5+) US Postal Service COMPL Seamstress 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Reuben P. Dowell Wilkerson Martha notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shirley A. Smith 517 Sapphire Lane, Ocala, Florida 32672 must be 20a. METHOO OF DISPOSITION
1 S Burisl 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Arlington National Cemetery Arlington, Virginia 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00689 Avenue, Rockville, Maryland 20850-2805 23. PART I. Eller the filled in by the the medical he deseas, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, or leart failure. List only one cause on each line. interval Betwe 6 Onset and Death IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) Acute Myocardial Infarction 2 Weeks event, a. OUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST 6 the atten Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO Aspiration Pneumonia amy COMPLETION OF CAUSE 1 YES 2 XX40 shows 1 YES 2 NO has been Dept. of I PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL . 1 TES 2 XXVO Notice that the state of the s 4 Nursing Home 5 Residence 6 Other (Specify) 6 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, with w 1 XX Wetural 5 Pending 1 YES 2 NO L DR ATTENDING PY DIRECTOR; After th hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 🔲 Homicide 28 Item 1 XXERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. THE HOSPITAL DI THE FUNERAL DI filed within 72 ho TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND STIPE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 5 5 March 28, 1991 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Raymond T. Benack, M.D., 4115 Colie Drive, Wheaton, Maryland 20906 31. DATE FILED (Moreth, Day, Year)
MAR 29 '91 32. REGISTRAR'S SIGNATURE gina Davidson Bandoll

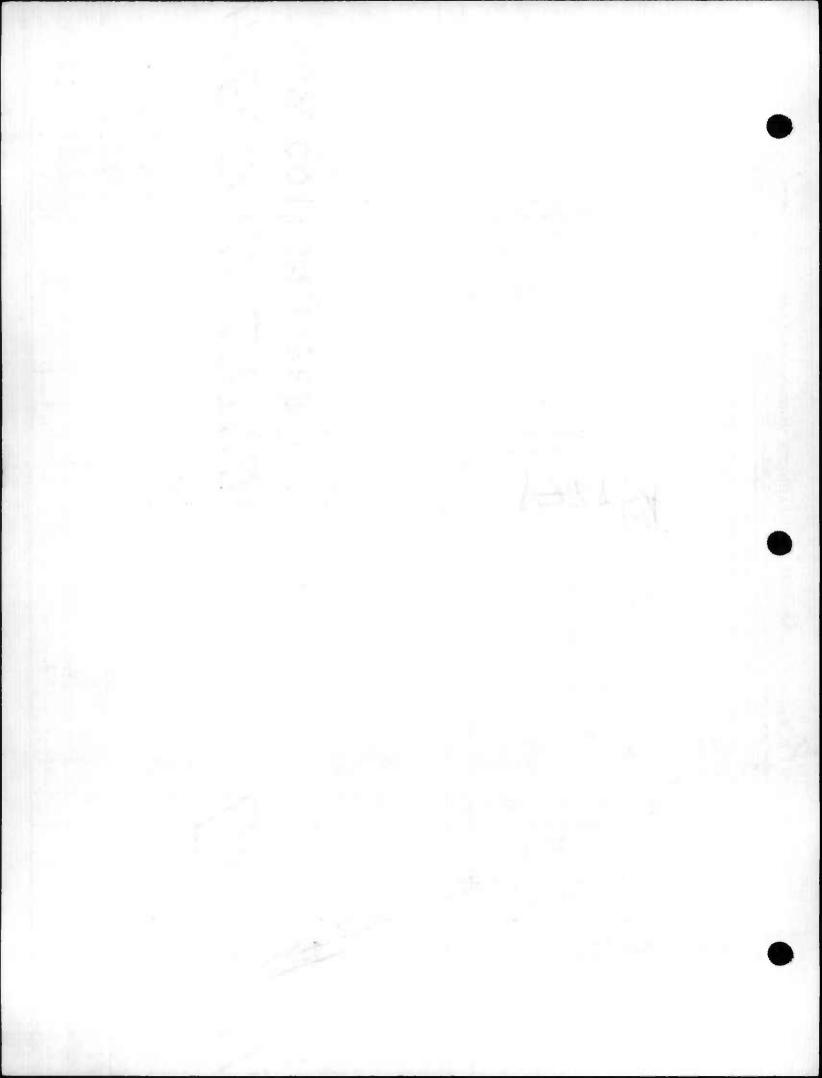


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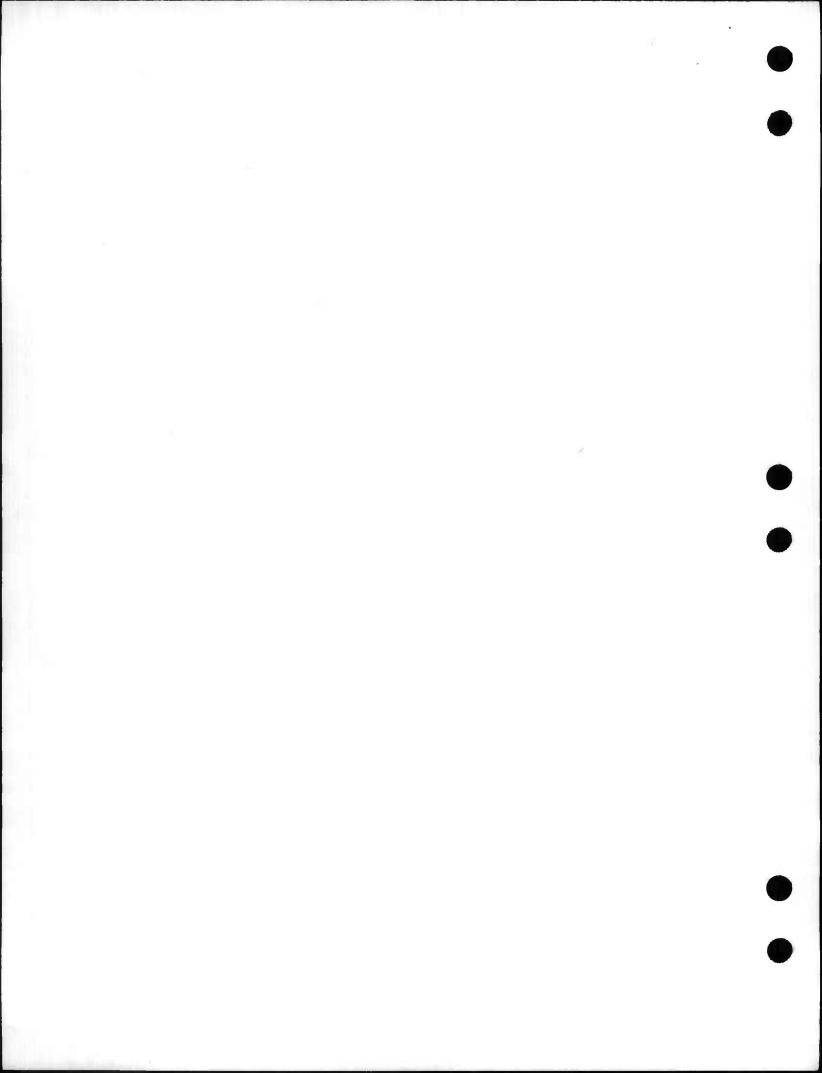
REGISTRAR			CENTIF	ICATE OF	DEATH		REG. NO					
1. DECEDENT'S NAME (First, Min	ddle, Last)								3. 7	IME OF DEATH		
	Mary D	orian	Urban							8:40 PM	M	
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	8.	BIRTHPLAC	E (State or Foreign		
217 28 8021	1 🗆 M 2 💢 F	85	YRS.	MONTHE DAYS	HOURS MIN.					vlvania		
9a. FACILITY NAME (If not institu	ition, give street and number)			9b. CITY, TOWN	OR LOCATION OF OE							
		me		Hyatt	sville			Princ	e Geo	orges		
			10c, CIT	Y. TOWN OR LOCAT	TION	_			10d	INSIDE CITY	_	
Maryland	Montgomery								155	LIMITS?		
10e. STREET AND NUMBER		-		101	. ZIP CODE	_		100 CITIZEI			_	
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		ENT EVER IN L	J.S. ARMED	13. WAS DEC		IC ORIGINS	(Specify Ver				-	
1 Never Married 2 Ma	FORCES?	1 YES	2 XNO	If yes, sp	ecify Cuban, Mexican	ı, Puerto R	ican, etc.)		Black, Wh Specify:	ite, etc.		
(Specify only his	gheet grade completed)		(Give kind of a	work done during mo		16b.	KIND OF BU	SINESS/INDUS	TRY			
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1 X Buriel 2 Cremation	3 Removal from State		other place)									
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John A	Litur									-2805		
Interval Between												
IMMEDIATE CAUSE (Final												
disease or condition resulting in death)	Acute	Brain	nstem In	nfarctio	n					2 Hours		
		110										
Sequentially list condition					ar Diseas	se				Years	_	
If any, leading to immedia	ta	O (OR AS A C	CONSEQUENCE O	F):								
CAUSE (Disease or injury	C	O (OR AS A C	CONSEQUENCE O	F)·								
resulting in death) LAST	1 (6)	(01110011							İ			
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PART II. Other significant	conditiona contributing	to death but	t not resulting	in the underlyin	g cause given in	Part I.					S	
Chronic Ob	structive Lu	ng Dis	sease			_			COL	PLETION OF CAUSE		
										YES 2 NO		
						- 1						
25. WAS CASE REFERRED TO M					LACE OF DEATH (Chi	ack only on	»)					
25. WAS CASE REFERRED TO NEXAMINER?	HOSPITAL:	: ER/Outpet	Hent 3 🗆 DOA	OTHER:	LACE OF DEATH (Che							
EXAMINER? 1 YES 2 XHO 27. MANNER OF DEATH	HOSPITAL: 1 inpetient 2	OF INJURY		OTHER: 4 🖾 Nursing Hon	ne 5 Residence	6 🗆 Other	(Specify)	INJURY OCCU	RED			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per	HOSPITAL: 1 Inpatient 2 28a. DATE (Month		lient 3 DOA	OTHER: 4 🖾 Nursing Hon IE OF 28c. IN. JURY WG	ne 5 🗆 Residence	6 🗆 Other	(Specify)	INJURY OCCU	RED			
EXAMINER? 1 YES 2 XHO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 6 Co	HOSPITAL: 1 Inpetient 2 28s. DATE (Month settigation uld not be 28s. PLACE building	OF INJURY Day, Year)	28b. Till IN.	OTHER: 4 🖾 Nursing Hon IE OF 28c. IN. JURY WG	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other 28d. DEŞ 28f. LOCA	(Specify) CRIBE HOW	and Number or		Number,		
EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE (Month settgation 28s. PLACE	OF INJURY Day, Year)	28b. Till IN.	OTHER: 4 🖾 Nursing Hon IE OF 28c. IN. WC M 1 🗌	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other 28d. DEŞ 28f. LOCA	(Specify) CRIBE HOW	and Number or		Number,		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 6 Co 4 Homicide 6 det	HOSPITAL: 1 Inpetient 2 28s. DATE (Month settigation uld not be 28s. PLACE building	OF INJURY Day, Year) OF INJURY - Ig, etc. (Specif)	28b. Till IN. — At home, farm,	OTHER: 4 Mursing Hon E OF 28c. IN, JURY M 1 street, factory, office	ne 5 Residence JURY AT DRK? YES 2 NO	8 Other 28d. DES 28f. LOCA City of	(Specify) CRIBE HOW ATION (Street or Town, State)	and Number or)	Rural Route	Number,		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 6 Co 4 Homicide 6 Co det 29a. CERTIFIER (Check only 1 N CERTIF)	HOSPITAL: 1 Inpatient 2 28e. DATE (Month settgation uid not be ermined HOSPITAL: 1 Inpatient 2 28e. DATE (Month settgation 28e. PLACE buildin	OF INJURY - Day, Year) OF INJURY - ng, etc. (Specify of my knowle-	At home, farm,	OTHER: 4 © Nursing Hon IE OF 28c. IN. WY M 1 □ street, factory, office	ne 5 Residence JURY AT JRK? YES 2 NO	8 Other 28d. DE\$ 28f. LOC/City of	(Specify) CRIBE HOW ATION (Street or Town, State)	and Number or	Rural Route			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 6 Co 4 Homicide 6 Co det 29a. CERTIFIER (Check only 1 N CERTIF)	HOSPITAL: 1 Inpetient 2 28e. DATE (Month uld not be ermined 28e. PLACE buildir Zing Physician: To the best L EXAMINER: On the beste of	OF INJURY Day, Year) OF INJURY - g, etc. (Specif) of my knowled examination	At home, farm,	OTHER: 4 © Nursing Hon IE OF 28c. IN. WY M 1 □ street, factory, office	ne 5 Residence JURY AT JRK? YES 2 NO	8 Other 28d. DE\$ 28f. LOC/City of to the cautime, date	(Specify) CRIBE HOW ATION (Street or Town, State)	and Number or) inner as stated and due to the o	Rural Route			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident 3 Suicide 6 Cor 4 Homicide 6 Cor (Check only one) 2 MEDICA	HOSPITAL: 1 Inpetient 2 28e. DATE (Month uld not be ermined 28e. PLACE buildir Zing Physician: To the best L EXAMINER: On the beste of	OF INJURY - Day, Year) OF INJURY - ng, etc. (Specify of my knowle-	At home, farm,	OTHER: 4 © Nursing Hon IE OF 28c. IN. WY M 1 □ street, factory, office	DHY AT DHK? YES 2 NO	8 Other 28d. DE\$ 28f. LOC/City of to the cautime, date	(Specify) CRIBE HOW ATION (Street or Town, State)	and Number or nner as stated and due to the c	Rural Route	f manner as stated.		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident 3 Suicide 6 Cor 4 Homicide 6 Cor (Check only one) 2 MEDICA	HOSPITAL: 1 Inpatient 2 28e. DATE (Month petitipation 28e. PLACE buildin 28e. PLACE bui	OF INJURY Day, Year) OF INJURY - ye, etc. (Specify of my knowled examination	28b. Till. — At home, farm, // // dge, death occurr and/or investigation	OTHER: 4 S Nursing Hon IE OF 28c. IN. WY M 1 street, factory, office and at the time, date on, in my opinion, of	ne 5 Residence JURY AT JRK? YES 2 NO De and place, and due death occured at the	8 Other 28d. DE\$ 28f. LOC/City of to the cautime, date	(Specify) CRIBE HOW ATION (Street or Town, State)	and Number or nner as stated and due to the c	Rural Route	I manner as stated.		
	4. SOCIAL SECURITY NUMBER 217 28 8021 9a. FACILITY NAME (If not instituted events resulting in death) 4. SOCIAL SECURITY NUMBER 217 28 8021 9a. FACILITY NAME (If not institute and i	Mary D 4. SOCIAL SECURITY NUMBER 217 28 8021 9a. FACILITY NAME (If not institution, give street and number) Carroll Manor Nursing Ho RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10a. STREET AND NUMBER 309 Summit Hall Road 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middis, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middis, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middis, Last) Charles F. Livingston 20a. METHOD OF DISPOSITION 1 (X Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART If the diseases, or complications the or heart failure. List only one complication of the complete of the	Mary Dorian 4. SOCIAL SECURITY NUMBER 217 28 8021 9a. FACILITY NAME (if not institution, give street and number) Carroll Manor Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10a. STREET AND NUMBER 309 Summit Hall Road 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 16. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (Type/Print) Charles F. Livingston 20a. METHOD OF DISPOSITION 1 CX Buriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUBERAL SERVICE LICENSEE MO 22. PART II. Other significant conditions contributing to death but the part of the contributing to death but the part of the contributing to death but the part of the contributing to death but the contributing to death but the part of the contributing to death but the part of the contributing to death but the part of the contributing to death but the part of the contributing to death but the part of the contributing to death but the part of the conditions of the contributing to death but the part of the conditions of the condit	Mary Dorian Urban 4. SOCIAL SECURITY NUMBER 217 28 8021 9a. FACILITY NAME (If not institution, pive street and number) Carroll Manor Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Montgomery 10c. CIT Maryland 10c. CIT Maryland 10d. STATE 10b. COUNTY Montgomery 10c. CIT Maryland 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S (Specify only highest grade completed) 17. FATHER'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19a. INFORMANT'S NAME (First, Middle, Last) Abraham Lincoln Brydon 19b. MANLING Charles F. Livingston 20b. PLACE OF DISPOSITION 1 Control of As A Consequence of Control of As A Consequence of Control of As A Consequence of Control of As A Consequence of Control of Control of As A Consequence of Control of Co	Mary Dorian Urban 4. SOCIAL SECURITY NUMBER 217 28 8021 5. SEX 6. AGE (In yrs. hast birthday) F UNDER 1 YEAR 217 28 8021 5. FACILITY NAME (If not institution, give street and number) Carroll Manor Nursing Home Hyatt RESIDENCE OF DECEDENT 100. STREET AND NUMBER 309 Summit Hall Road 11. MARITAL STATUS 1 Never Married 2 Married PONCES? 1 YES 2 NO 1 YES, agree Married Not only only highest probe completed) 18. GECEDENT'S EDUCATION (One short of work done during me show to hear feature). The lephone Oper 17. FATHER'S NAME (First, Mickin, Last) Abraham Lincoln Brydon 19. INFORMANT'S NAME (First, Mickin, Last) Abraham Lincoln Brydon 19. INFORMANT'S NAME (First, Mickin, Last) Charles F. Livingston 20. METHOD OF DISPOSITION 1 Not or nearly flure of the complete of t	MARY DORIAN Urban 4. SOCIAL SECURITY NUMBER 217 28 8021 5. SEX 1	Mary Dorian Urban A. SOCIAL SECURITY NUMBER 217 28 8021 10	Mary Dorian Urban March 21, 4. SOCIAL SECURITY NUMBER 217 28 8021 1.	Mary Dorian Urban March 21, 1991	Mary Dorian Urban 4.80CAL SECURITY NUMBER 2.17 28 8021 1.	Mary Dorian Urban 4. BOCIAL SECURITY NUMBER 4. BOZ 1. Mary Dorian Urban 5. SEX	

31. DATE FRED (Month, Day, Year)
MAR 2 9 1

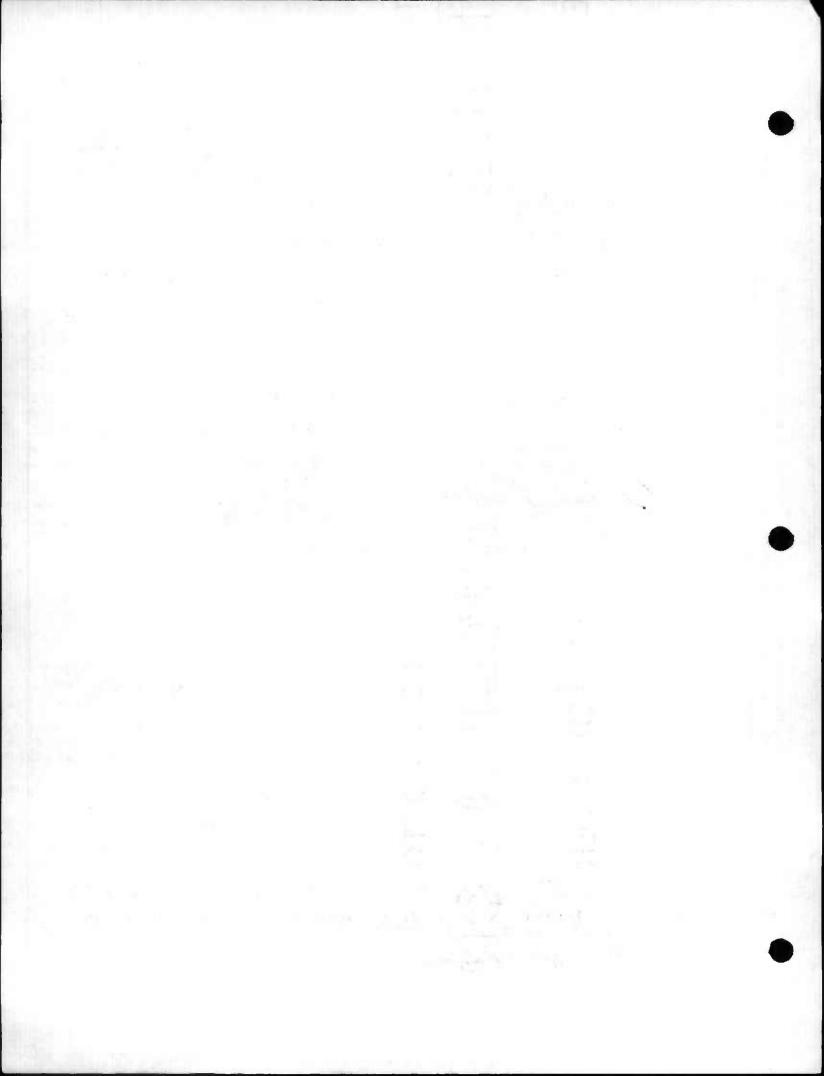
32. REGISTRAR'S SIGNATURE
Julia Davidson Pandall



		REGISTRAR		CERTIF	ICATE (OF DEATH	RE	G. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		3. TIME OF DEATH
		- 5-4-0-26-1-A-1	·*	47 Geo:	rganna	E. Voige	MONTH	I DAY 91	i2 Neg ~ M
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BI	RTH 6.	BIRTHPLACE (State or Foreign
		090-03-6601	1 M 2 F -	6 YRS.	MONTHS DA	YS HOURS MIN.	IAN	Year)	New York
6		Sa. FACILITY NAME (If not institution, give st		0	95 CITY TO	WN OR LOCATION OF D			Y OF DEATH
(3 D	9	Interstate I 95	Tool and Hombery			erdeen	-AIII		
61	9	RESIDENCE OF DECEDENT			AD	erdeen		Harfo	ord
	S.	10a. STATE 10b. COUNTY	,	10c, CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY
e e	HIG	NY B	UEENS			S VELL	A (=		LIMITS?
регтіт.		10e. STREET AND NUMBER	COLCAS		72 0 0	101. ZIP CODE	7446		1 XYES 2 NO
	₹		-			11 H 2	C		N OF WHAT COUNTRY?
Po physician. burial-transit	FUNERAL	93.18 214	57						3 17
or attending physician		11. MARITAL STATUS	12. WAS DECEDENT EVER II FDRCES? 1 YES			DECENDENT OF HISPA s, specify Cuben, Mexico			I. RACE — American Indien, Bleck, White, etc.
ing phys	<u>8</u>	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Specif			Specify: WHITE.
as the									
use a	윤	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of v	work done durin	PATION g most of working	16b. KIND	OF BUSINESS/INDUS	TRY
al or for L		Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)				
shed the	를	12	5	Teacher			N.Y	. City Boa	ard of Educati
the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Meiden Surneme)	
a a a l		Ira MacLarty				Jenny V	anvalke	phure	
retained 5 should notified	8	19a. INFORMANT'S NAME (Type/Print)	_	19b. MAILING	ADDRESS (St	reet and Number or Aural			ode)
2 2 2	일	Arthur H. Voigt		93-1	2 21/	St. Queer	vo Vii 11.	aco NV	11/.20
age ag		20g. METHOD OF DISPOSITION	200			of cemetery, crematory or		DO- LOCATION CH	hi de Town State
		1 M Buriel 2 - Cremetion 3 K Rem	oval from State	other place)				200. LOCATION — CIT	Long Island
		4 Donation 5 Other (Specify)		alverton	Nat10	nal Cemete	ery (Calverton.	Long Island
		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		Tar	ring-Cargo	Kurry Himer:	al Home 1	РА
death. funer		KINATIN	Allmal	e she o	Ahe	rdeen, Mar	v1 and	21001-339	30
A 1 2 m		23. PART I. Enter the diseases, or o	complications that saves	d the death Do	_				
d in by the or remove			Liat only one cause on e		iot enter the	mode or dying, sur	al es cerulec (or reepiratory sires	Interval Between
filled in on, or re		IMMEDIATE CAUSE (Finel		•					Onset and Death
- 10 -		disease or condition resulting in death)	e. CRA ~ DUE TO (OR AS	510	ERE	BRAL	Chu	MLAL	1 165.
executed within and completely burial, cremar matic event,			DUE TO (OR AS	A CONSEQUENCE Q	F):		-		
and co burial	z		b. MOTOR	UETHI	LE F	tec The	467		
	일	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS	A CONSEQUENCE O	F):				
Siciar perfor	CATION	cause. Enter UNDERLYING	e.						
certificate ding physi tygiene pr	ERTIFIC	CAUSE (Disease or Injury that initiated eventa	DUE TO (DR AS	A CONSEQUENCE O	F):		10	7	
Hygin B	토	resulting in death) LAST	4						
	빙								
0 62 4	귛	PART II. Other significent condition	s contributing to deeth i	but not resulting	In the under	rlying ceuse given in	Part I. 24s.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	MEDICAL						15	YES 2 NO	COMPLETION OF CAUSE DF DEATH?
	묘						_ `		1 YES 2 NO
law requires as been sign fept, of Heal							_		1 120 2 110
- w & o V	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	hank ank ann)		
VIIAL AN; The la tificate has e State De or Item 2	豆	EXAMINER?	HOSPITAL:		OTHER:		1		
VIAN Stan	ΥS	1 FES 2 ND	1 Inpatient 2 ER/Out			Home 5 Residence	-		
This ce with t	표	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)		JURY	c. INJURY AT WORK?	28d. DESCRIE	HOW INJURY OCCU	HED HEAD ON
NG PHYS ther this cath with	B	1 Natural 5 Pending 2 Accident Investigation	4-1-91.	मुख	OP-M	YES 2 ND	1 - 36	216.0	
OR ATTENDING I DIRECTOR: After hours after death		3 Suicide 6 Could not be	28e. PLACE DF INJUR building, atc. (Spi	Y — At home, ferm,	street, fectory,	office	26f. LOCATIDI City or Tox	N (Street end Number of	Rural Route Number,
28 after 28 L	TED	4 Homicide determined	1	OF MIS	HOU	30	I 95		
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his hours after death with the State Ditem 28 is marked, or item	LET	29a. CERTIFIER	ICIAN: To the best of my know	wledge dooth provin	and at the time	data and alone and de			
정정인	₽ B	CONSTRUCTION OF THE CONTRACT O							
HOSPITAL FUNERAL within 72 I	COMPL	2 MEDICAL EXAMINE	On the been of examination	on endor investigation	on, in my opin	on, death occured at th	e time, date end	piace, and due to the	cause(e) end manner ee stated.
HE HE HE A	l w l	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NO	IMBER	29d. DATE	SIGNED (Month, Day, Year)
TO THE HOSPITO TO THE FUNER BE filed within	0	grush when	~			1 218	309	D 4	1.1991.
=	2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)				
		9ANESH 5 F	2034	DME	1810	BELDIO	NO #	-102 CA	WISON MOZIUL
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		1010	5007	1 -4-		- 10 10 T
		141. '41	Sicila Laurdson						
		10 C 1	THE PERIOD CONT	Manage					



	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI CERTIFICA				YGIENE EG. NO.		0 0 0 1 0
	1. DECEOENT'S NAME (First, Middle, Last) JAR M. LA	797	VLCER	<		2. DATE OF D	EATH DAY	S/YEAR	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 214-50-8809	8. BIRT Coun	THPLACE (State or Foreign stry) echoslovakia						
стоя	99. FACILITY NAME (If not institution, give, etc.	aryland t	Uspital (TOWN C	DE LOCATION OF DE	ATH	Pr	OUNTY OF	Georges
DIRECTOR	Maryland Pr	ince Georges	www.orloca t Wasi				10d. INSIDE CITY LIMITS? 1 YES 2 □ NO		
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE	7 /. /.	10g.	U.S	WHAT COUNTRY?
ONE	301 Langner Ct.	12. WAS DECEDENT EVER IN			ENDENT OF HISPAN	IC ORIGIN? (Sp		- 14. RAG	CE — American Indian,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexicar ≹XX NO Specify		, etc.)	310	ck, White, atc. colly: Cauc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	one during mo		16b. KINI	O OF BUSINESS	INDUSTRY	
S.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle	, Meiden Suman	16)	
BEC	Anthony Tluch	or			Unk.				
2	190. INFORMANT'S NAME (Type/Print) Joseph V. Vlcek				Ct. Fort				0744
	20a. METHOD OF DISPOSITION 1 Buriel 2 To Cremetion 3 Remo	206	. PLACE AND DATE OF	DISPOSITION			20c. LOCATION		
	4 Donation 15 Dither (Specify)	- 4	memetary, crematory or ot Metropol	itan (Alexan	dria,	Virginia
	21. SIGNATURE OF TONNERAL SERVICE LICE	Hou O o	2	Rene	on ADDRESS OF FAC don/Hale Annapol	Funera		m MD	20706
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	m e	cuce/				Onset and Death
S		J						1.	
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions	i contributing to destrib	ut not resulting in th	a underlyin	g cause given in		. WAS AN AUTOF PERFORMED? YES 2 NO		Ab. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
YSIC	1 U YES 2 NO	HOSPITAL:	atlent 3 DOA 4 D		ne 5 🗆 Residence				
ву РН	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 🗆	JURY AT DRK? YES 2 NO		BE HOW INJURY		
3 Suicide 4 Homicide 5 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 287. CERTIFIER (Check only one) 288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 289. CERTIFIER (Check only one) 290. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 291. LOCATION (Street and Number or Rural Route Number of Rural Route Number or R									Il Route Number,
									e(e) and manner as stated.
29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year D 3 5 2 0 6 > 3 1 9 9									
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE			ton Rosan	, Fth	WASH.	ATM	, us
į	MAR 20 91	32. REGISTRAR'S SIGN	ATURE					,	
	0	1	The state of the s						DHMH-18 Rev 1/89



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

577-54-3408

1. DECEDENT'S NAME (First, Middle, Last)
Maude Catherine

10b. COUNTY

5503 Charlotte Drive

31. DATE FILED (Month, Day, Year)

7 '91

VINCENT CHEW, MS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

2

Prince George's

1 -

DIRECTOR

10a. STATE

Maryland

10e. STREET AND NUMBER

BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2.XX10	13. WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexica 1 YES 2 NO Specifi		14. RACE — American Indian, Black, White, etc. Specify: Caucasian					
COMPLETED	15. OECEOENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT use i	k done during most of working	16b. KIND OF BUSINESS/IN						
i w	17. FATHER'S NAME (First, Middle, Last)	olt	Nurse		ME (First, Middle, Maiden Surname) Lry Ann Perry	eth Hospital					
TO BI	190. INFORMANT'S NAME (Type/Print) June Vaught	5- AUS-		DDRESS (Street and Number or Rural as 10 A—F	Route Number, City or Town, State, 2	žip Code)					
1821 00	20e. METHOD OF DISPOSITION 1	noval from Stats of d	cemetary, crematory or	Comotory	16 01 Cui+la	end. Maryland					
exemina	21. SIGNATURE OF FUNEBAL SERVICE L	ICENSEE	>	22. NAME AND ADDRESS OF FA	Lee Funeral	Home, Inc. Clinton, Md 20					
event, are meaned	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lift only one cause on e	ach fina.	ealung	ch as cardiac or respiratory a	Approximate Interval Between Onaet and Deat					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. MCQCCCTC WEWS DUE TO (OR AS A CONSEQUENCE OF): CAUSE STUD LEMOT FALLING DUE TO (OR AS A CONSEQUENCE OF): C. CAUSE STUD LEMOT FALLING DUE TO (OR AS A CONSEQUENCE OF): C. CAUSE STUD LEMOT FALLING DUE TO (OR AS A CONSEQUENCE OF): C. CAUSE STUD LEMOT FALLING DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other significant condition	na contributing to deeth b	out not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPS: PERFORMED? 1 YES 2 30	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO YOU	HOSPITAL:		26. PLACE OF DEATH (CODTHER:							
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26d. DESCRIBE HOW INJURY O	CCURED								
	3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, str clfy)	set, factory, office	281. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,					
E W	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.										
BE COMPLETED	cont only				e time, dete end place, end due to	the cause(e) end manner ee stated.					

Vaught

93

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Temple Hills

10f. ZIP CODE

20748

9131 PICCOTAMAN PS

IF UNDER 24 HRS.

NIOR LOCATION OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Yea

02

09

09874

10d. INSIDE CITY LIMITS?

1 | YES 2 X NO

CHNZON. HD

Tenn

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

COUNTY OF DEATH

OHMH-16 Rev 1/89



* REGISTRAR				CERTI	-IUA	I E OF	DEA	I H	R	EG. NO.			
1. DECEDENT'S NAME (First,									2. DATE OF D	DA		YEAR	3. TIME OF DEATH
Gerardo V		rs 5. sex	4.405.//-						7. DATE OF 8	1	0	91	2:45 Pm
217 06 26		1. M 2 F	B. AGE (III y	rs. lest birthday,	MONTH	DER 1 YEAR	HOURS	MIN.	(Month, Day 3 / 2	5 / 5 7	7	Countr	PLACE (State or Foreign nduras
9a. FACILITY NAME (If not ins					9b. C		OR LOCATI	ON OF DE	EATH		9c, COU	NTY OF D	EATH
Montgomer	EDENT		ospit		<u></u>		ney				Mo	ntg	omery
Maryland	MOT	tgomery		10c. C		eaton							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
12019 Ve	irs Mi	11 Road				1	01. ZIP COD 209(10g. cm Pern	n. Res	what country? sidence
11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES :	2 NO		If yea, a		in, Maxica	NIC ORIGIN? (S) in, Puerto Ricen y: Yes		or No—	14. RACE Black Speci	E — American Indian, k, White, etc.
	EDENT'S EDU		16	a. DECEDENT	'S USUA	L OCCUPAT	10N			D OF BUS	SINESS/IN	DUSTRY	
(Specify only Elementary/Secondary (0	/ highest grade	College (1-4 or 5	+)	(Give kind of the Do NOT				ng	Mo	ntgo	omery	y Dor	nuts
17, FATHER'S HAME (First, Mi									ME (First, Middle				
Gerardo		lars.		Lance and			`		itee		lars		
Marlene		's		196. MAILIN	19 V	Veirs	and Number	L Rd	Number Co. Wheat	on, Mo	n, State, Zi 1. 20	0906	
20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20ь. Р Ga	te of	osition Hear	ven C	emetery, cres	natory or		20c. LO Si.	cation – Lver	Spri	ing, Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi 11800 New Hamp.Ave.S.S.Md.													
23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in desth)	eart fellure.	a. Ac u Due to	RECORAS A CO	MINE. MINE DISEOUENCE VASC	<u>б</u> оғ):	in	m	un	e de	se	de		Approximets Interval Between Onset and Death
If any, leading to imme- cause, Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	Sep	si	ONSEQUENCE									
PART II. Other algnifice	ent condition	na contributing to	deeth but	not reaultin	g In the	e underlyl	ng cause	given in		PERFOR		248	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL					26.	PLACE OF	DEATH (C/	heck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA		HER:			8 Other (Sc	pecify)			
	Pending	28a. DATE O (Month,	F INJURY Day, Year)		IME OF	У	NJURY AT WORK? YES 2	□ NO	28d. DESCRI	BE HOW	NJURY O	CCURED	
3 Suicide 8	Investigation Could not be determined	28a. PLACE building	OF INJURY — I, etc. (Specify,	At home, farm	n, street,	, factory, of	fica		28f. LOCATIO City or R	N (Street wn, State,	and Numb	er or Rurei	Route Number,
CONSUM OTHY		ICIAN: To the best of											(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 3536D2 29d. DATE SIGNED (Month, Day, Year) 3/12/9/													
18 111 PRINCE PHILIP DR. OLNEY Md 20832													
31. DATE FILED (Month, Day,	'91	32. BEGISTE	Davidson	URE Conde	2								

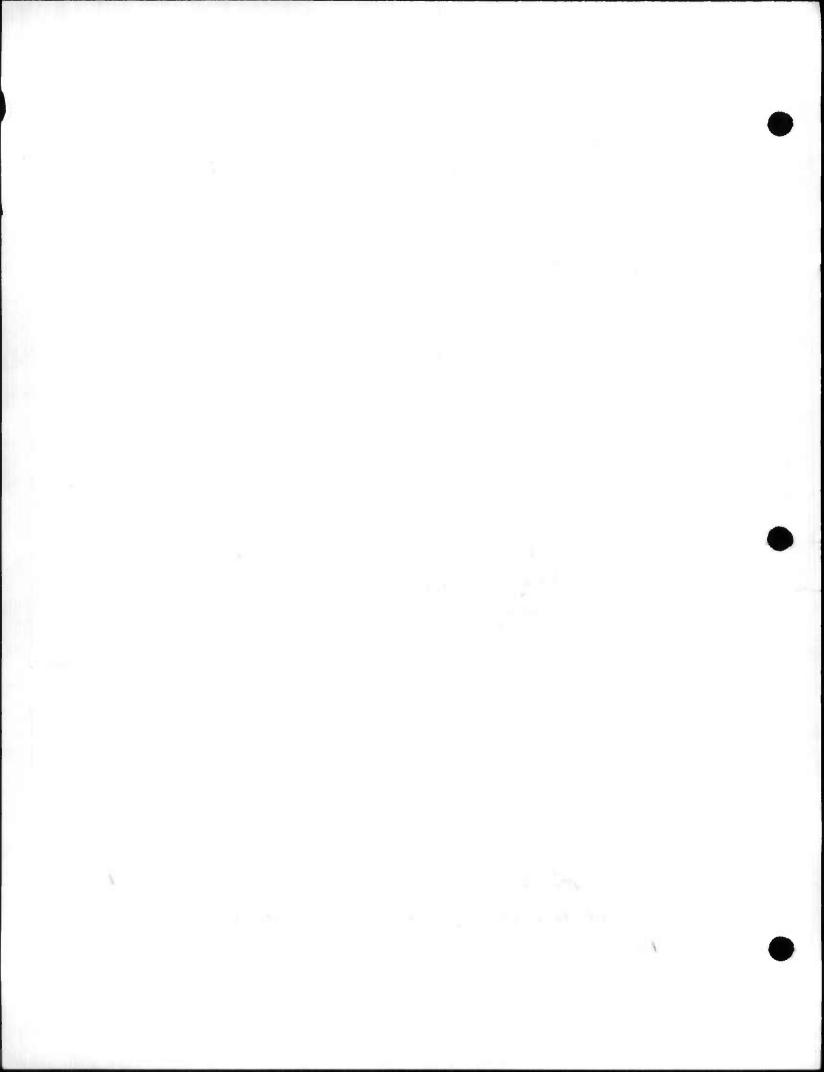
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a reconstruction of the complete of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pages in the filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to bunlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

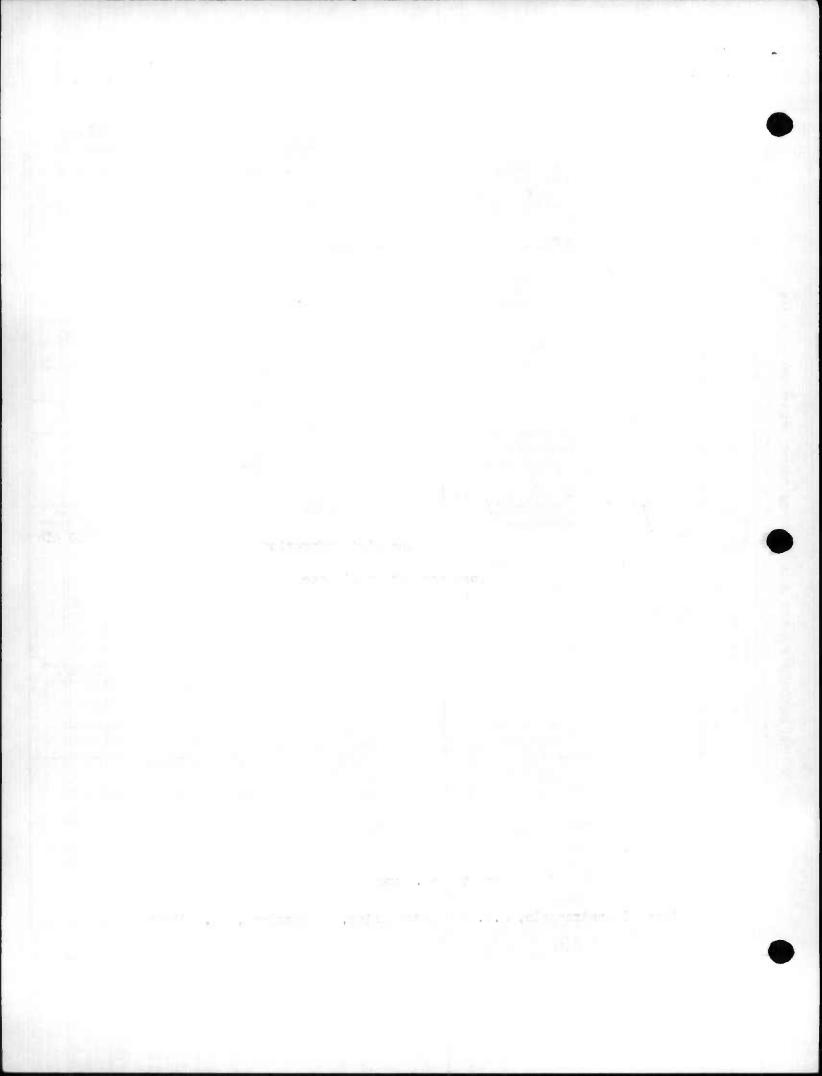
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



10

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKIIF	ICALI	E UF	DEA	וח	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JANET R. V	VILLITS							2. DATE OF I	DEATH DAY		VEAR	DIS AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 8	L AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF E	интн			CE (State or Foreign
	191-07-7739	1 MXX F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da			PA	
V	9e. FACILITY NAME (If not institution, give at		70		9b. CITY	Y, TOWN C	OR LOCATI	ON OF DE	10-29	-191		Y OF DEATH	н
Tax.	ROUTE 3 BOX 100		מגס			MBER				- 1			
5	RESIDENCE OF DECEDENT	DEDI OID I	(CAD		Cu	Mildr.	LEMIND				ALIL	EGANY	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					100	1. INSIDE CITY
1 5	MD Allega				7							11	LIMITS?
1 -	10e. STREET AND NUMBER	ıly		I CUIII	berl		. ZIP COD	E			10a. CITIZE		COUNTRY?
FUNERAL	Route 3 Box 100					10.	1500						
2	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ILC AL	DMED	42		1502	VE HIGHA	IIC ORIGIN? (S		USA	4 8405	American Indian,
5	1 Never Married 2 Married	FORCES? 1 [YES 2	NO		If yes, sp	ecify Cubi	ın, Mexica	n, Puerto Ricar		OF NO.	Black, W	hita, etc.
B	S Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	XX NO	Specify	γ:			Specify:	
	15. DECEDENT'S EDUC	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	O OF BUS	INESS/INDU	whi	te
COMPLETED	(Specify only highest grade		(C	Give kind of a. Do NOT u	work done se retired.)	during mo	et of world	ng					
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		ousev						r.m. h	omo.		
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	17. FATHER'S NAME (First, Middle, Lest)		111	Cusev	ATTE		10 MOV	MED'O NA	ME (First, Middl	wn he			
							10. WOT	HEN S NA	IME (First, MICCI	o, marcon c	surreme)		
B	Samuel Claybaugh	1	1				L_Sa	rah	Dean_				
2	Mr. John Willits	3	N.	yrtl	ADDRES	S (Street i	and Numbe	r or Runal	Route Number, (Olly or Town	, State, Zip C	(ade)	
	20s. METHOD OF DISPOSITION The Burlet 2 Cremation 3 Rame	oval from State	20b. PLACE other p	OF DISPO	SITION (N	ame of cei	metery, crea	matory or			CATION — CI		
	4 Donation 5 Other (Specify)		Bell	e Ver	mon	Ceme	etery	7		[Bel]	le Ver	mon,	PA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11				ND ADDRE			T			
	1 (10mm 7	80-6	all	1		rmbo	ETT1	L LUI	neral H D 2150	iome			
	23. PART I. Enter the diseases, or o	complications that	caused the d	eath. Do	not ante	r the mo	de of dy	ing, suc	h as cardiac	or reapi	ratory arre	st.	Approximate
	shock, or heart fallure.	List only one caus	e on each lin	ю.									Interval Between
	IMMEDIATE CAUSE (Final disease or condition			Myoc	ibre	al I	nfar	etic	מו				Onsel and Death
	resulting in death)	0	OR AS A CONSE				112 002	0 020	***				
			Corona		,	Die	0250						i
CERTIFICATION	Sequentially list conditions,	0	OR AS A CONSE	_		27.1.10	casc						
F	If any, leading to immediate cause. Enter UNDERLYING				/								
유	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	EQUENCE C	OFI:								
Ē	resulting in desth) LAST												
Ü		d									·		-
	PART II. Other algnificent condition	a contributing to d	leath but not	resulting	In the u	nderlyln	g cause	given in	Part I. 24	, WAS AN			RE AUTOPSY FINDINGS
EDICAL										PERFOR	2520	CC	AILABLE PRIOR TO IMPLETION OF CAUSE
									_ '	_ 1.20 1			DEATH?
Σ									_			1 "	_ 120 2 _ 110
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL					28 P	LACE OF I	DEATH /C/	neck only one)				
Σ Σ	EXAMINER?	HOSPITAL:	EB/Outpetlant	2 🗆 804	OTHE	R:	v						
¥	27. MANNER OF DEATH	28s. DATE OF I		28b, TII			JURY AT	asidence	6 Other (S)		N.ILIBY OCCI	IBED	
	12 Netural 5 Pending	(Month, De)		in	JURY	W	YES 2	7 NO	Zea. DEGON	DE NOW A	10011 0000	JALLO	
B	2 Accident Investigation	20. DI ACE OF	INJURY At I						26f. LOCATIO	201 000		D. ort D. ort	
	3 Suicide 6 Could not be 4 Homicide determined		tc. (Specify)	ionie, mini,	atreet, in	ctory, one				bwn, State)	ind Number o	r Hurai Hout	e Number,
COMPLETED													
7	(Orack oray	CIAN: To the best of r	my knowledge, o	death occur	red at the	time, date	and plac	e, and du	to the cause(e) and mar	ner as state	d.	
OM	one) 2 (MEDICAL EXAMINE	R: On the basis of ax	mination and/o	r Investigati	ion, In my	opinion,	death occu	ared at the	time, date end	d place, en	d due to the	cause(s) at	nd manner as stated.
U U	PAS. SIGNATURE AND TITLE OF CERTIFIE				_			ENSE NU					onth, Day, Year)
2 0	Vistami lla.	Trout De	puty Me	ed. E	xxam	l	Md	D070	98		▶ 3/	27/91	
Pc	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (1/p	e, Print)		1				- ,		
	Giovanni Mastran	1				Ve	Care	her	and 1	63	27 500		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAF	'S SIGNATURE		: 2/11	. 46,	oull	IDEL	land, N	10.	21502		
	APR 01 1991	32 REGISTRAF	idson-Po	indelle									

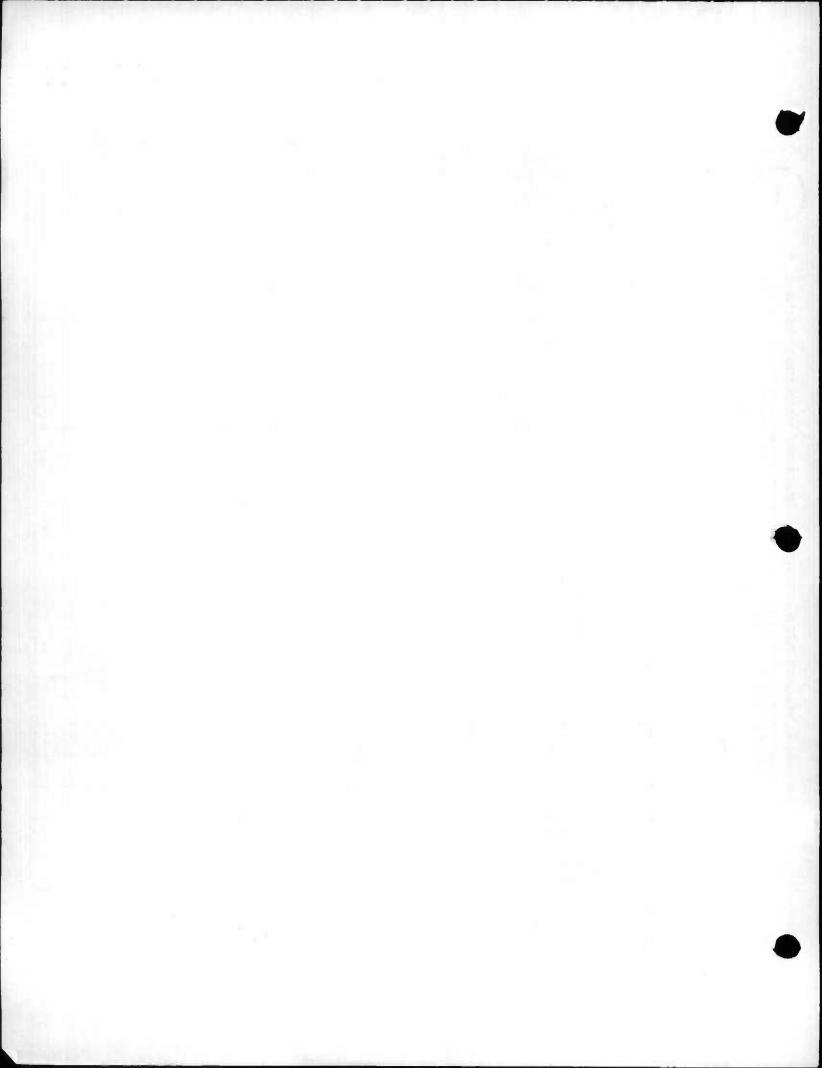


(等	No.		
BOX 13146, BALTIMORE, MARYLAND 21203-3146	DING PHYSICIAN: The law requires that the death certificate be executed within armounts after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1. Labert Labert with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fleed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or oth

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEOENT'S NAME (First, Middle, Last)				2	2. DATE OF OEATH	Y YEA	3. TIME OF DEATH		
	Jasmine Shenai		Williams			MONTH S	199			
	4. SOCIAL SECURITY NUMBER		· · ·	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Quy, Year)	8. BI	IRTHPLACE (State or Foreign		
	none		ONTING DATE	12 2	3/8/91					
_	9a. FACILITY NAME (If not institution, give st	street and number) 9b. CITY			R LOCATION OF DEAT	9c. COUNTY C	OF DEATH			
5	7600 Carroll	2 Aug				ntgomeny cous				
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
DIRECTOR	DG DC	100 423 7th St NE				Mash De	Wash > 20002 1 yes 2 n			
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?		
5 2	7th St. NE				2000	2	USA	1		
FUN	11. MARITAL STATUS	12. WAS OECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS OEC	ENOENT OF HISPANIC	ORIGIN? (Specify Yes	or No 14. F	RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TYPE, EP	city Cuban, Mexican, 2 NO Specify:	Puerto Hican, etc.)		Black		
ED B										
ETE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo-		16b. KIND OF BUS	INESS/INDUSTF	14		
12	Elementary/Secondary (0-12)	College (1-4 or 6+)								
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	[(First, Middle, Malden S	Surname)			
D'I	k Stephon Willia	ams			Jetau	n Sherr:	i Dor	tch		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural Rou	ute Number, City or Town	, State, Zip Code)		
2										
	20a. METHOD OF DISPOSITION 1 Burial 2 Germation 3 Ramo	and from State	20b. PLACE OF DISPOSIT	TION (Name of cen	netery, crematory or	20c. LO	CATION — City of	or Town, State		
	4 Donation 5 Other (Specify)	Wal from State	WAH			Take	oma Par	:k		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	O ADORESS OF FACIL	LITY				
	→									
	23. PART I. Enter the diseases, or o			t enter the mo	de of dying, auch	aa cardiac or reapir	atory arreat,	Approximate		
	ahock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one cause of	n eech line.					Interval Between Onset and Death		
	resulting in desth) a. A CONSEQUENCE OF):									
Z	Sequentially list conditions, If any, leading to immediate Due to (OR AS A CONSCOUENCE OF):									
Ĕ										
[윤]	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events resulting in death) LAST									
핑	d.									
AL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.				art I. 24a. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음					1 YES 2	₹NO	COMPLETION OF CAUSE OF DEATH?			
MEDIC						_		1 TYES 2 NO		
ä										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	10 Inpetiant 2 ER/0			a 6 - Residence 6					
	1 Netural 5 Pending	(Month, Day, Ye		RY WO	RK?	28d. DESCRIBE HOW IN	IJURY OCCURE	0		
BY	Accident Investigation	Accident Investigation Investigation					DCATION (Street and Alumbus or Shant Bouth Alumbus			
8	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							and Fronte Various,		
	29a. CERTIFIER									
COMPLETED	29a. CERTIFIER (Check only) one) 1 CERTIFYING PHYSICIAN: To include a state of search occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MECICAL EXAMINED: On the last of search occurred at the time, date and place, and due to the cause(a) and manner as stated.									
H	VIIIAM	29d. LICENSE NUMBER D 29 247 29d. DATE SUBMER (Month, Day, Year)						191		
임	30. NAME AND AMORESS OF PERSON WH	O COMP (ETER SAUSE OF	DEATH (ITEM 27) (Type. I	Print)	00/49	1	49			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED SCUSE OF DEATH (ITEM 27) (Type, Print) Michael Darden, MD 7600 Carroll Ave. Takoma Park, MD 20912									
	31. DATE FILED (Month, Day, Year) 29—BEGISTRAR'S SIGNATURE									
	APR 1 1 1991	Julia Dende	The Backs	T.						
	100									

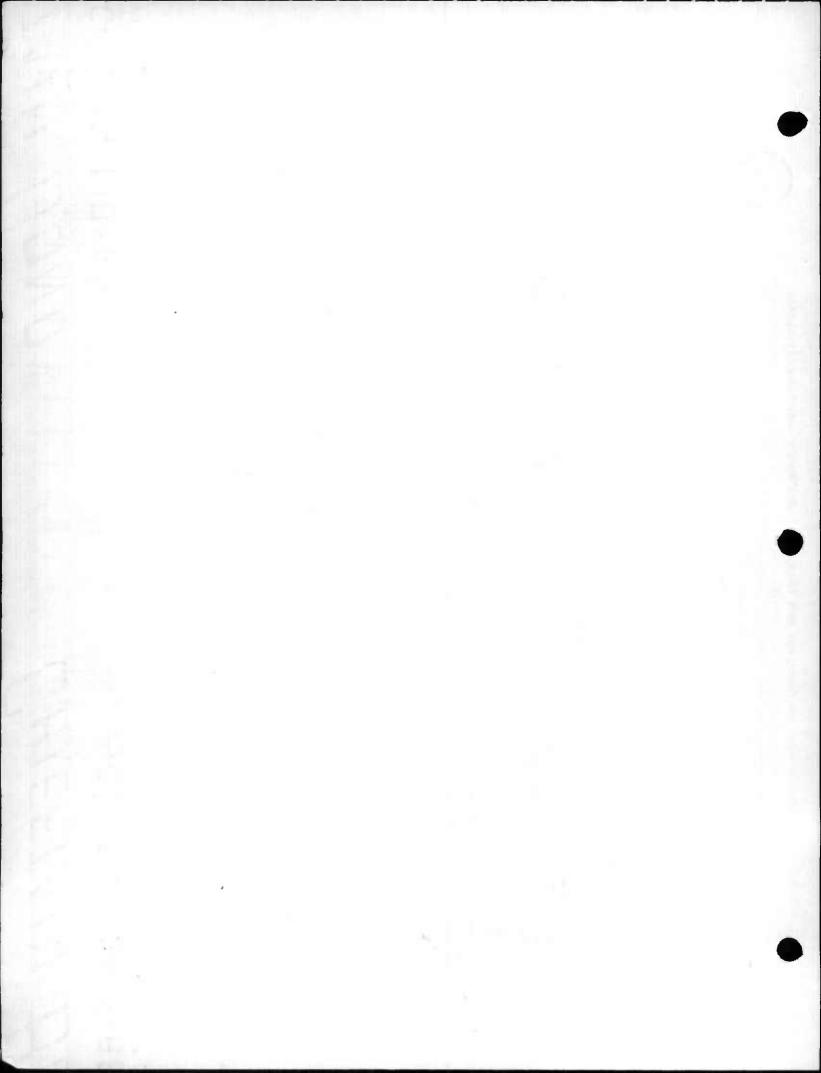
Dortch Baby 8:VL



examiner must be notified at once.	23 shows any injury, or other traumatic event, the me
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zw hours after death. Page 6 may be retained by the hosp

		Q.I	0987
R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2	0001
GISTRAR	CERTIFICATE OF DEATH REG. NO.		

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAI	HYGIENE REG. NO.	9	1	09878
	1. DECEDENT'S NAME (First, Middle, Last) Baby Boy Wi	ast)				2. DATE OF DEATH DAY YEAR 1/18/91			3. TIME OF DEATH 4:30a M	
	4. SOCIAL SECURITY NUMBER TOTE	5. SEX 6. AGE (In yrs. last birthday) 9 FUNDER 1 YEAR FUNDER 24 MF NONTHS DAYS HOURE MINUTES 1 2				7. DATE OF BIRTH (Month, Day, West) 1/18/91 a. BIRTHPLACE (State or For Country) MD				D
TOR	99. FACILITY NAME (If not institution, give street and number) Washington Adventist RESIDENCE OF DECEDENT 99. CITY, TOWN OR LOCATION OF TAKOMA PARK					earth Sc. county of Cearth Montgomery				
DIRECTOR	MD 10a. STATE 10b. COUNT					n 10				10d. INSIDE CITY LIMITS? n/a 1 YES 2 NO
FUNERAL		9116 Oxon Hill Rd.							USA	HAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 2 Never Married 2 Married 3 Divorced	FORCES? 1 YES 2 NO If you			ENDENT OF HISPAN Holfy Cuban, Mexica 2 NO Specifi	n, Puerto I		or No- 14	Black, Specify	— American Indian, White, etc.
COMPLETED	15. OECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b	. KINO OF BUSI	INESS/INDUS	TRY	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		Middle, Melden S illiam			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street a	nd Number or Rural	Route Numi	ber, City or Town,	, State, Zip Co	ode)	
	20a. METHOD OF DISPOSITION 1	Hospital	other place)				20c. LOC	ATION — CIT	y or Tow	m, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
TION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (off AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							Approximate Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given				g ceuse given in	Part I.	PERFOR	24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
IA	25. WAS CASE REFERRED TO MEDICAL EVANABLED 2 26. PLACE OF DEATH (Check only one)									
12	1 TYES 2 NO	EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)								
ВУ РНУ	27. MANNER OF DEATH 1/ Natural 5 Pending 2 Accident Investigation				PRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Fural Rought City or Town, State)							oute Number,		
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE In the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE C	290. BIONAZÓNE AND TITLE DE CENTATIEN SECULOS (B. 29.24)						29d. DATE SIGNED (Morith, Day, Year)			
	Michael Darden, MD 7600 Carroll Ave. Takoma Park, MD 20912									
i	31. DATE FILED (MONT), Day Your) 32. FIEST MAP'S STRANGE STRAN									



3. TIME OF DEATH 11.25PM 8. BIRTHPLACE (State or Foreign Country) Maryland

> 10d. INSIDE CITY 1 XYES 2 NO

> > Black

Approximeta Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

LAUREL

U.S.A 14. RACE — American Indian, Black, White, etc.

FOR

	1 - REGISTRAR			CERTIF	ICAT	E OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2, DATE OF DEAT	H	YEAR	. TIME OF DE	
	WILSON	G.		WATSON				03/24/9	1		11.25F	
١I	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER	DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		Country)	LACE (State or	
П	216-14-5329	1√X M 2 □ F	72	YRS.				9/8/18			yland	
nepron	9a. FACILITY NAME (If not institution, give						OR LOCATION OF DE	EATH	9c. COUNT			
3	PRINCE GEORGES HO	SP CENTE	R		CHE	VERL	<u>.</u> Y		PRINC	E GE	ORGE	
١	10e. STATE 10b. COUNT				ry, town						IOd. INSIDE CI	
ı	Md. Pr	ince Ge	orge	's U	ppe:	r Ma	arlboro				LIMITS?	
	10e. STREET AND NUMBER					101	. ZIP CODE		10g, CITIZI		AT COUNTRY	
ı	4418 Dery Rd						20772			U.S	. A .	
	11. MARITAL STATUS	12. WAS DECEDE FORCES?				WAS DEC	ENDENT OF HISPAN			Yes or No- 14. RACE -		
1	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DAT				ecify Cuban, Maxica 2 NO Specif		-)	Specify		
ı											Blac	
1	15. DECEDENT'S EDU (Specify only highest grade	completed)		(Give kind of life, Do NOT L	work done	during mo	ON ast of working	16b. KIND OF	BUSINESS/INDU	STRY		
	Elementary/Secondary (0-12) 8th	College (1-4 or 5	+)		nit			Scho	ol Sys	tem		
	17, FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
		Unknow	n					NAME (First, Middle, Melden Sumeme) Unknown				
198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2 1105 Nalley Rd. #821 Landover.											20785	
	Mary James 1105 Nalley Rd.#821, Landover,											
1	20s. METHOD OF DISPOSITION 1 Type Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, S											
	4 Donation 5 Other (Specify)	noval from State					's Cem	B/28/9	1Chelt	enh	am.Mo	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME A	ND ADDRESS OF FA	gton & Sons, Inc.				
	Xauy V	V. Pro	U									
\dashv	23. PART I. Enter the diseases, or	complications th	at caused	tha death. Do			Burro				Approxi	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory and shock, or heart failure. List only one cause on each line. IMMEDIATE CALISE (Final											
1	IMMEDIATE CAUSE (Final disease or condition possible to death)										Onset s	
resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											1	
.												
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A	CONSEQUENCE (OF):							
5	cause. Enter UNDERLYING	C										
CEHIIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
5	resulting in desth) LAST	d									1	
	PART II. Other algnificent conditio	ns contributing to	death bu	t not resulting	in tha u	nderiyin	g csuse given in	Part I. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPS	
	Sensin							PE	RFORMED?		AVAILABLE PRICOMPLETION O	
	multiple	Decent	2) tu	1 111	ein			'''	ES 2 NO		OF DEATH?	
	Divisal	O QCE	100	100				-			1 [] YES 2 [
	25. WAS CASE REFERRED TO MEDICAL	7.1	00-11)	_	26. P	LACE OF DEATH (C)	eck only one)			_	
	EXAMINER? 1 TYES 2 NO	HOSPITAL:	☐ EB/Outpa	tient 3 🗆 DOA	OTHE	R:	ne 5 🗆 Residence		1			
	27. MANNER OF DEATH	26a. DATE O	F INJURY	28b. TI	ME OF	28c. IN.	JURY AT	28d. DESCRIBE H		JRED		
1	1 Natural 5 Pending	(Month,	Day, Year)	16	IJURY M		YES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY	— At home, ferm,	street, fac	tory, offic	:a	261, LOCATION (S	treet and Number of	r Rural Ro	ute Number,	
	4 Homicide determined	building	, atc. (Specif	Y)				City or Town,	Stare)			
	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowle	dge, death occur	red at the	time, date	and place, and due	to the causelet en	d manner as state	d.		
	(Check only one) 2 MEDICAL EXAMIN										and manner a	
COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NU				Month, Day, Yei	
מ	le ban	o M					1) 22	101			5-9	
	20 NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	ICE OF DEA	TH (ITEM AT) (T-	- O-I-N			101	1, 3		1- (

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Randall

32. REGISTRAR'S SIGNATURE

MAN

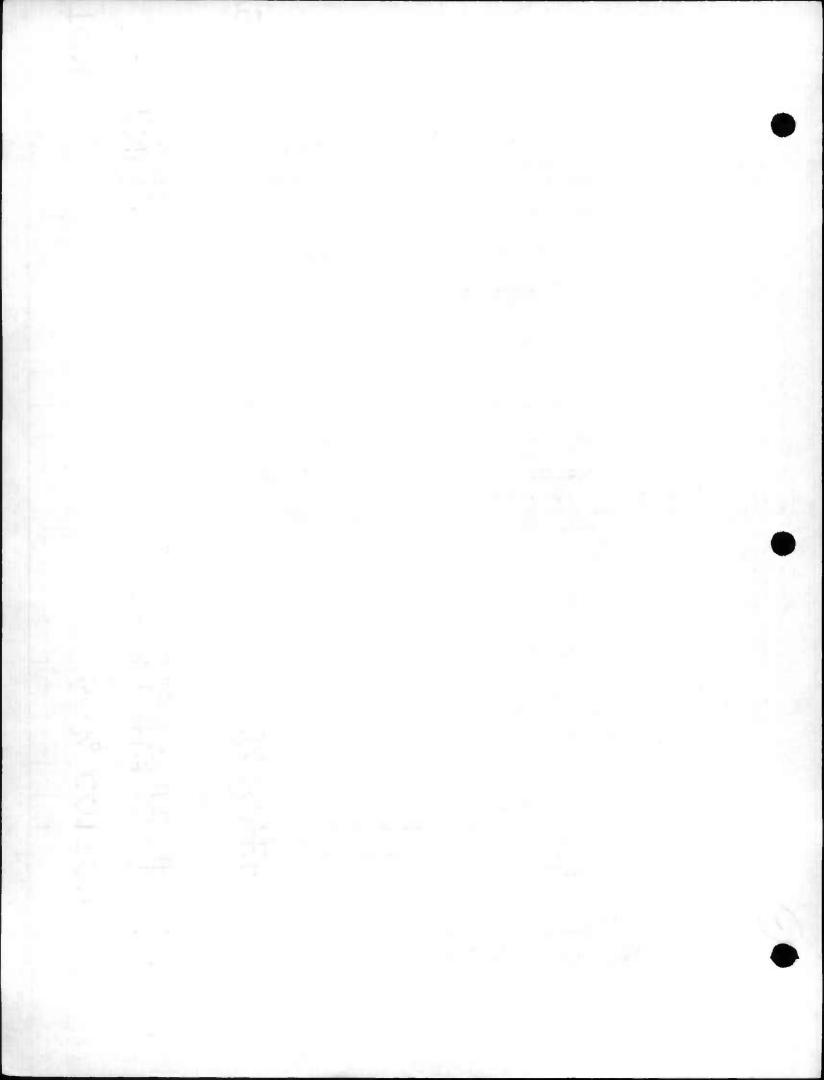
31. DATE FILED (Month, Day, Year)

R.G. BHOJRAJ. M.D

MAR 27 '91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

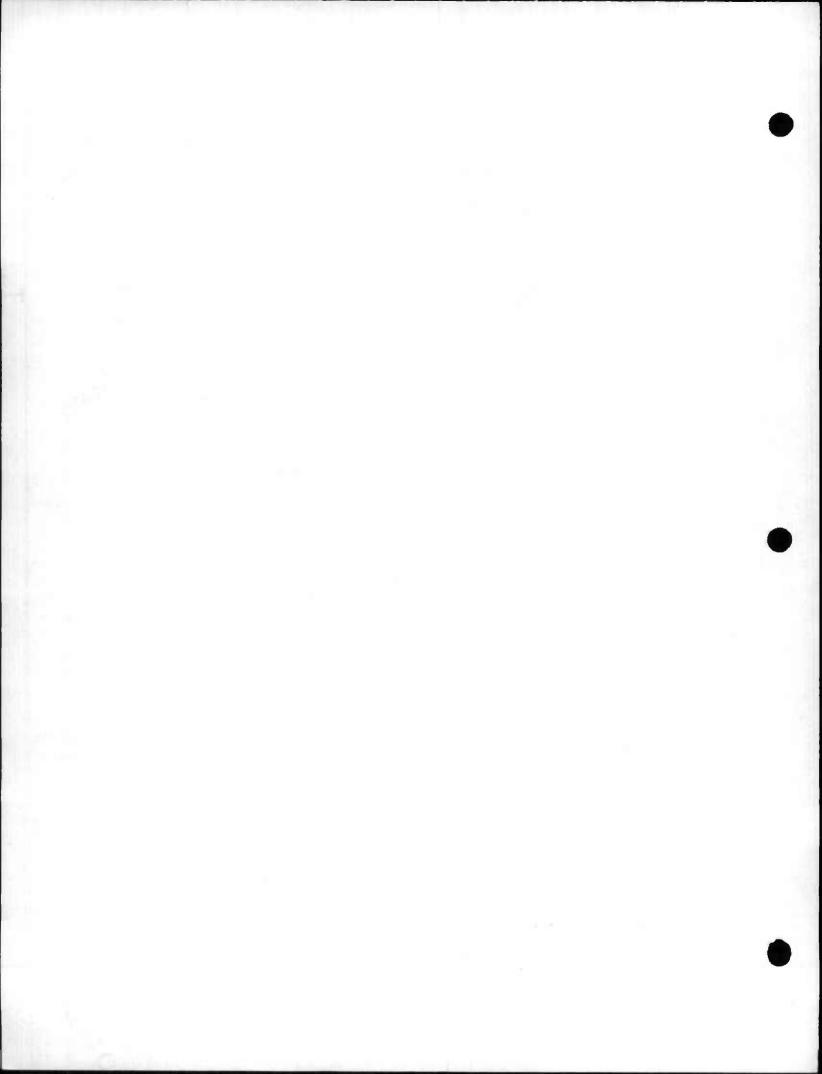
DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-10urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Heath and Merdal Hyglene prior to bursal, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE OF I	MARYLAND / DEPART CERTIFIC	MENT OF HEAL		ENTAL HYGIENE REG. NO.	21	03000
0.1	1. DECEDENT'S NAME (First, Middle, Last)		-	2	2. DATE OF DEATH	YEAR	3. TIME OF DEATH
М	BETTY	WOODS			3 22		3 38 A M
/ [4. SOCIAL SECURITY NUMBER 5. SEX	the second secon	F UNDER 1 YEAR FU		(Month, Day, Year)	8. BIRT	HPLACE (State or Foreign try)
	045-18-7709 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	68 YPS.	DATE HOU		Janaury 16	,1923	North Caroli
383	9a. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR LO	CATION OF DEAT	Н	9c. COUNTY OF I	DEATH
DIRECTOR	PRINCE GEORGE HOSPITAL	CENTER	CHEVERI	Y		PRINCE	GEORGE
Si I	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY,	TOWN DR LOCATION				10d. INSIDE CITY
# I	Maryland Prince George	Unr	er Marlbo	ro			1 XXYES 2 ND
	10s. STREET AND NUMBER	000	10f. ZIP			10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	217 Grenden STreet					Unite	ed States
5	11. MARITAL STATUS 12. WAS DECEDED FORCES?	NT EVER IN U.S. ARMED			ORIGIN? (Specify Yes of Puerto Rican, etc.)	or No- 14. RAC Blac	CE — American Indian, ck, White, etc.
8	1 Never Married 2 Merried IF YES, GIVE	MAR OR DATES	1 TYES 2			Spe	cMy: Black
	15. DECEDENT'S EDUCATION	164. DECEDENT'S U	ISUAL OCCUPATION		16b. KIND OF BUSI	NESS/INDUSTRY	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give kind of wo	ork done during most of v retired.)	working			
3	TH Congress	Housewi	fe		Home	maker	*
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16.	MOTHER'S NAME	E (First, Middle, Maiden S	urname)	
BE C	Willie Langley		l A	nnie Re	11 Artis		-50
	19e. INFORMANT'S NAME (Type/Print)	19b. MARLING	ADDRESS (Street and No	umber or Rural Ro	ute Number, City or Town,	State, Zip Code)	7/4
٩	John T. Woods	Same a	s 10e.				
	20s, METHOD OF DISPOSITION KX Burlai 2 Cremation 3 XX Memoval from State	20th PLACE OF DISPOSI	TIDN (Name of cometery	, crematory or		ATION — City or 1	
	4 Donation 6 Other (Specify)	Snow	7 Hill Cem			ance Co.	N.C.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	001/	Frazier	's Fune	ral Home		
	11.0.0	- KS	389 Rho	de Isla	nd Avenue	NW	
	23. PART I. Enter the diseases, or complications the	at caused the death. Do no	ot enter the mode o	of dying, such	as cardiac or reapir	atory arrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel	4.	AND ALL SHIPMING A				Onset and Death
	disease or condition resulting in death)	MINING	autos				
	DUE T	O (ON AS'A CONSEQUENCE OF	11	92			
NO	Sequentially list conditions,	O IOR AS A CONSEQUENCE OF		1. 1	- 6.	4	_
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	uh men	LAMAN	Mil	wren	en	
임	CAUSE (Disease or Injury that initiated events	O (OH AS A COMBEQUENCE OF	1	-	-		
F	resulting in death) LAST	1					
	PART II. Other significent conditions contributing t	o death but not resulting it	n the underlying ce	use alven in P	Part I. 24e, WAS AN	ALITOPSY / 2/	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART II. Other againteent conditions continuently	o death but not resulting in	in the underlying co	des given in i	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 YES 2	□ NO	OF DEATH?
Σ					-	ł	1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	OF DEATH (Chec	ck only one)		
200	EXAMINER? HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:				
HX	27, MANNER OF DEATH 28s. DATE (OF INJURY 28b. TIME	E OF 28c. INJURY	AT	28d. DESCRIBE HOW IN	JURY OCCURED	
	1 Netural 5 Pending	Day, Year) INJ	M 1 YES	2 🗌 NO			
D BY	2 Subside 28e. PLACE	OF INJURY — At home, farm, a	treet, factory, office		28f. LOCATION (Street e City or Town, State)	and Number or Run	al Route Number,
LLI	4 Homicide determined	g, other (appears),					
COMPLET	29e. CERTIFYING PHYSICIAN: To the best	of my knowledge, death occurre	d at the time, date and	place, and due t	to the cause(s) and man	mer as stated.	
MO	2 MEDICAL EXAMINER: On the basis of	examination and/or investigation	n, in my opinion, death	occured at the t	time, date and place, en	d due to the caus	e(s) and manner ee stated.
E C	296. SHAND THE AND TITLE OF CERTIFIER		29	LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)
0	AMMENDE I	KARNIN	V \	4104	99	>3 Y	491
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	NUSE OF DEATH (ITEM 27) (Type,	Print) 6201	CREENIR	ELT RD #01	17	
	L. DENNIS, M.D.				K MD 2074		- :
	31. DATE FILED (Mornth, Day, Year) 32. REGIST MAR 26 91 Sura Davido	RAR'S SIGNATURE			,		
	MAR 26 '91 July Davids	10-17-10-10-10-10-10-10-10-10-10-10-10-10-10-					DHMH-16 Rev 1/89



use as the burial-transit permit, director, page 5 should be detached for notified at Pe must examiner medical the traumatic event, Item

Doys 1, 2, 3 s

Pages 1

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.O.

RECORDS,

DIVISION OF VITAL

2 23

4

Page 6 may be retained by the hospital or attending physician. n by the funeral d removal. rurs after death. filled in by ysician and completely fille prior to burial, cremation, certificate be executed within has been signed by the attending physician . Dept. of Health and Mental Hygiene prior to 1.23 shows any Injury, or other traum HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate is filed within 72 hours after death with the State important; If Item 28 is marked, or Item

1 Natural 2 Accident

3 Suicide

4 Homicide

BY

ETED

COMPL

BE

9

5 Pending

Investigation

8 Could not be

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991ª 3 PAY Glenn WILLIAMS March 4:15 PM ROBERT 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Month, Day, Your) 933 HOURS Texas 220-28-7334 1 X M 2 | F 57 DAYS YRS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR 16146 Ed Warfield Woodbine Howard RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10a STATE 10h COUNTS 10c. CITY, TOWN OR LOCATION Howard Maryland Woodbine ō 1 📉 YES 2 🗌 NO 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? USA 21797 16146 Ed Warfield 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried FORCES? 1 YES 2. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: ВУ White 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Electrician J.T. Bowles, Inc. 1 - 1217. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lester A. Williams Juanita Conner BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 21797 16146 Ed Warfield. Woodbine, Md. Earlene Williams 20a. METHOD OF DISPOSITION

1 Burial 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Fort Lincoln Crematory Brentwood, Md. 4 □ Donation 5 □ Other (Specify). 21. SIGNATURE OF PUNERAL PERVICE LIK 22. NAME AND ADDRESS OF FACILITY
Hines/Kinaldi Funeral Home 11800 New Hampshire Ave., Sil. Spr. Md. 20904 23. PART I. Enter the disease, or complications that caused the deeth, Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate heart fellure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Finel diseese or condition Respiratory Failure resulting in death) Squamos Cell (A CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Enter UNDERLYING CAUSE (Disesse Dr Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 6900 Animia 1 - YES 2 NO OF OFATH? 1 TES 2-NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) end manner es stated.

1 YES 2 NO

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 30573

М

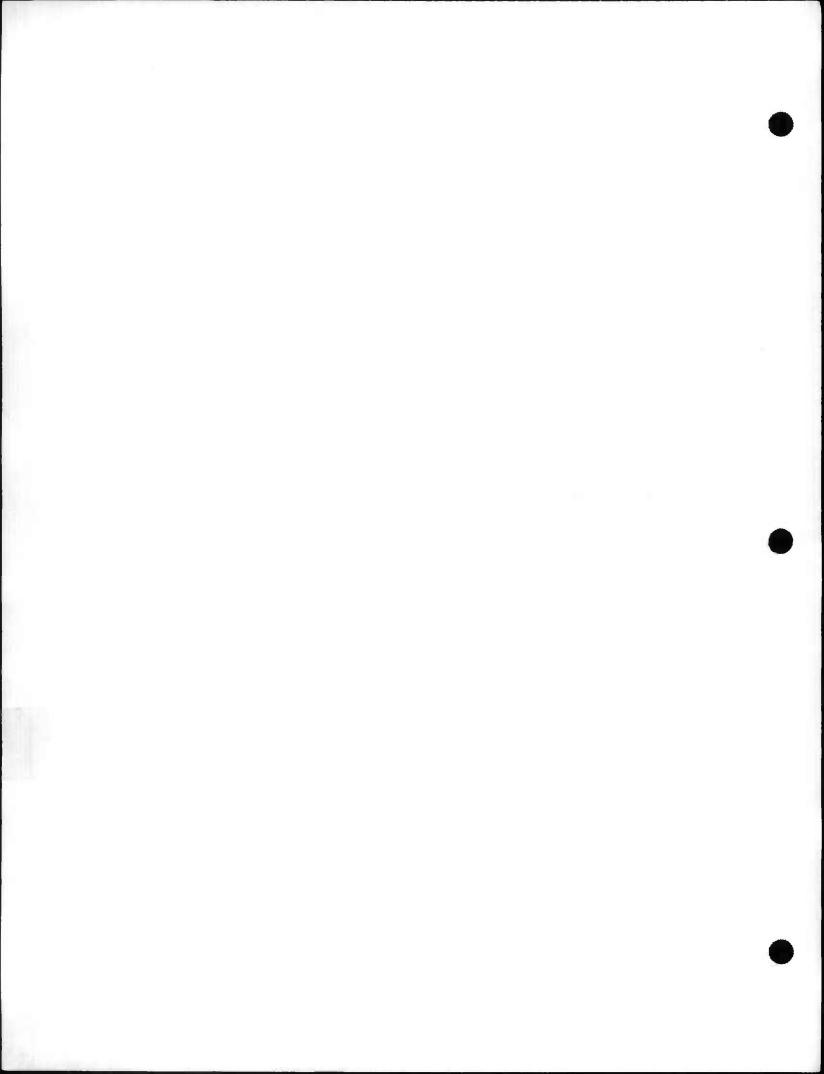
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2000 Century Plaza #424 John Minford, MD Columbia, Md.

32. REGISTRAR'S SIGNATURE
Julia Davidson Pandell 31. DATE FILED M

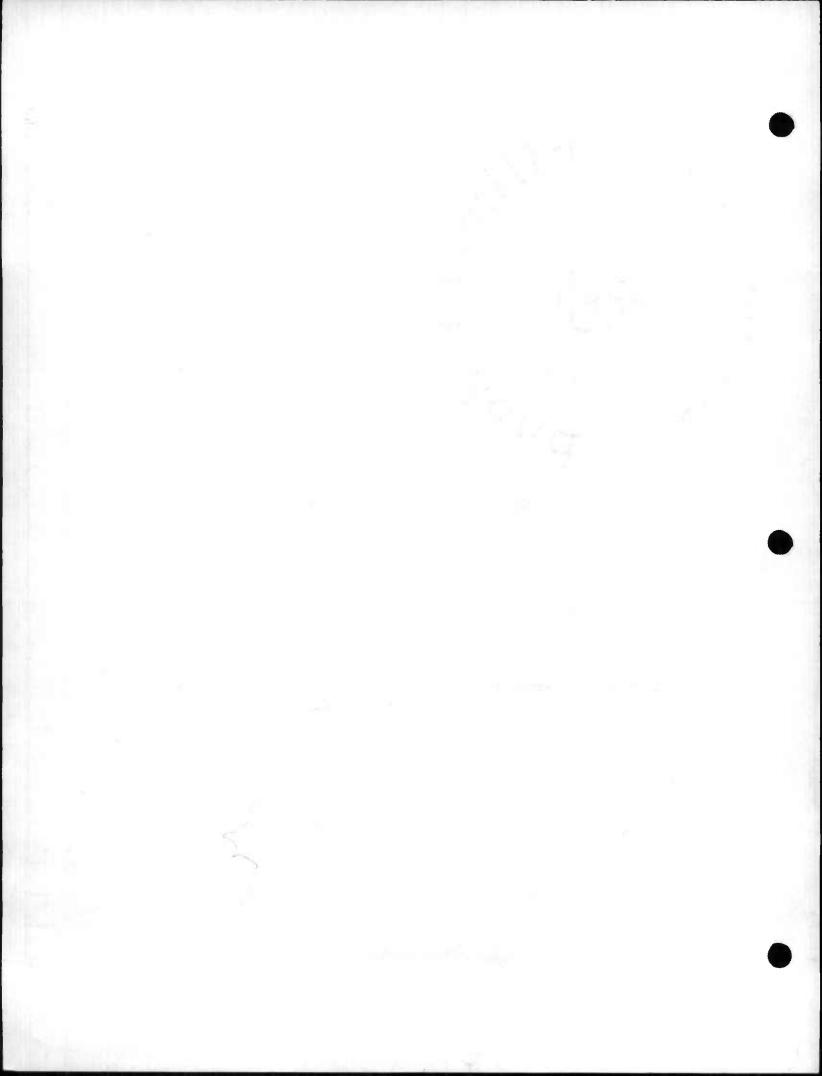
28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

4-1-91



OHMH-16 Rev 1/89

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N - STATE REGISTRAR CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
9	Marie E. Wilhide		991 6:32 ANC
	4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. lest birthday) 5 UNDER 1 YEAR 5 UNDER 24 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	BIRTNPLACE (State or Foreign Country)
	01C 10 CC00 1 M2K E VPC	April 17,1923	
	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DE		UNTY OF DEATN
CTOR	Washington Co. Hospital WASHINGTON Co.	MAGERSTANN	Washington
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	MD Washington Rt.#3 Smithsburg		1 ☐ YES 2 № NO TIZEN OF WHAT COUNTRY?
ERAL	10e. STREET AND NUMBER 10f. ZIP CODE	1	J.S.A.
FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPAN	IC ORIGIN? (Specify Yee or No	14. RACE — American Indian,
	1 ☐ Never Merried 2 ☐ Married FORCES? 1 ☐ YES 2√DNO If yes, specify Cuben, Mexicat 1 ☐ YES 2 ☑ NO Specify Cuben, Mexica		Specify: Tulle 1 + 0
Э ВУ	3 🔀 Wildowed 4 🗋 Divorced		White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/IP	NOUSTRY
	6th Machine operator	Machine N	(Co.
COMP	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAI	ME (First, Middle, Meiden Surneme)	
ш	Harry Bentz C	ora Tucker	
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural F	Route Number, City or Town, State, 2	Zip Code)
=	Dewane Wilhide Box 33 Shady Grove,		
	20s. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetory, crematory or other place)	Washing	- City or Town, State of ton Township
	4 Donetion 5 Other (Specify) Harbaugh Cemete 1. Suprations of Fundamental Methylogy Licenses 22. NAME AND ADDRESS OF FA	ry Frankli	ton Township in, Co., PA
	Grove Fune	ral Home, Inc.	
		treet, Waynesh	
	23. PART1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, suc shock, or heart failure. List only one cause on each line.		Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SDS/S	Onset and Death
133	resulting in death) a	714.3	
7			
TIO	Sequentially list conditions, If any, leading to immediate		
CA	CAUSE (Disease or Injury		
CERTIFICATION	that initiated events resulting in death) LAST		
CER	d		
AL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED?	AVAILABLE PRIOR TO
: MEDICA	COPD: MYOCANDIOPHTHY, NECRSIS BOTH FEELS,	1 - YES 2 NO	OF DEATH?
M	ESCE, AMPUTATED	_	1 TYES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C)	eck only one)	
SICIAN	EXAMINER? 1 YES 2 NO 1 Propertient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence		
≥	27. MANUER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO		
0	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28t. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,
1111	4 Homicide determined		
PLE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and during one)	to the cause(s) and manner as	stated.
COMPLETE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the		
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU 13	29d. C	4. 5. 9
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPA, PHIT) OTO ROZA 1714 OAK HU AV. HALB A	ESTOUN h	0-21740
	31. DATE FILED (Month, Day, Ver) 32. REGISTRAR'S SIGNATURE		
	APR 09 '91 Julia Davidson Randon		

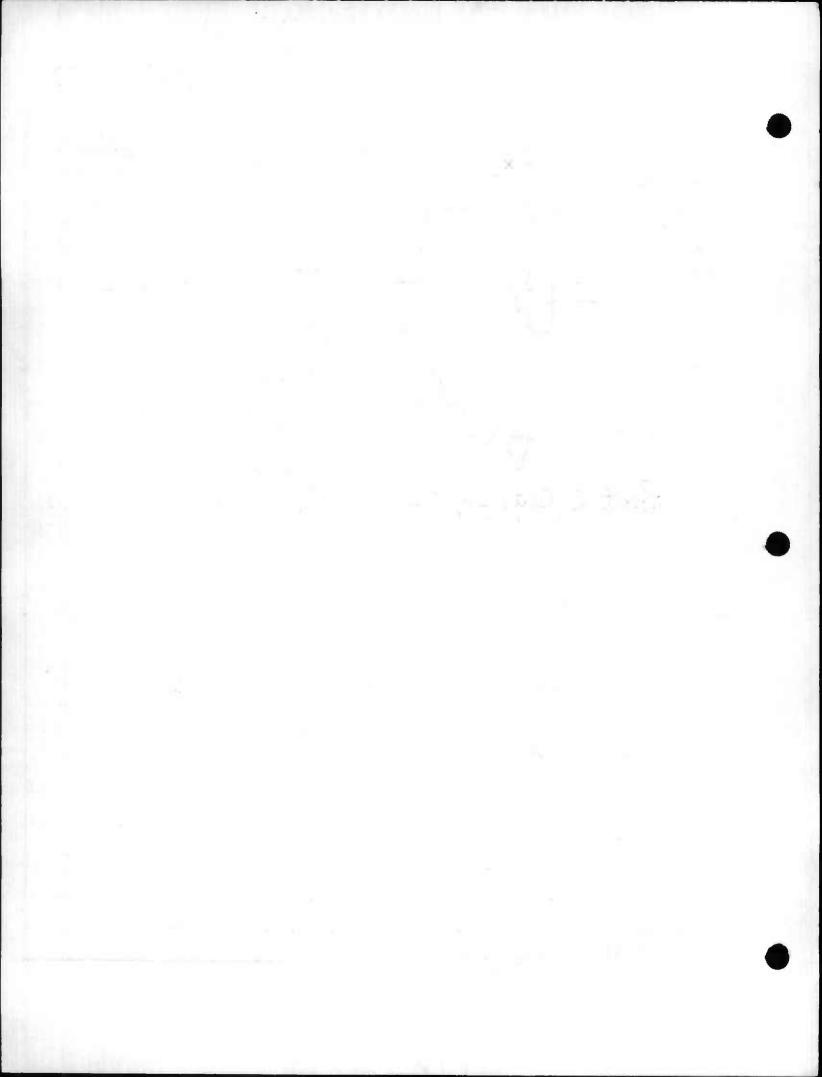


OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY

	3	10	3 6	18	
GIENE		w			-

	•	1 - STATE REGISTRAR	SIAIE UF MAI	CE	RTIF		F DEATH	MEHINE	REG. NO						
T		1. DECEDENT'S NAME (First, Middle, Lest)		-				2. DATE	OF DEATH			3. TIME OF DEATH			
_	- 1	Nellie V. V	Vhitlow		4	-Jur		Marc			991	5:41 PM W			
_	۱.			NGE (In yrs. last	hirthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS		OF BIRTH	1 1		PLACE (State or Foreign			
2) I		5./	39		MONTHS DAY		(Month	Day, Ybar)	1001	Country))			
1	/	9a. FACILITY NAME (If not institution, give street				OF CITY TOW	N OR LOCATION OF		T 10		NTY OF DE	Virginia			
	m.				.	_	_	DEATH							
- 1	CTOR	Greater-Laurel Bel	tsville E	lospita	ı I	Laur	el			Pri	nce G	eorges			
	E	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LO	CATION				T	10d. INSIDE CITY			
	DIREC	Maryland Prince	Georges			Bowie						LIMITS? 1 VES 2 NO			
Î	AL	10e, STREET AND NUMBER	GCGIGCS			DOWIC	10f. ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY?			
	ERA	3403 Maple Bluff	Lano				20715			II-n -	1+04	States			
	FUNE		2. WAS DECEDENT EV	/ER IN U.S. ARI	MED	13. WAS	ECENDENT OF HIS	PANIC ORIGIN	? (Specify Ye		14. RACE	- American Indian,			
-	- 1	IE VEC CIVE WILD OD DATED													
	B	3XXWidowed 4 □ Divorced NO													
	ED	15. DECEDENT'S EDUCAT		16a, DE	CEDENT'S	USUAL OCCUP	ATION	18b.	KIND OF BU	SINESS/IN	DUSTRY				
		(Specify only highest grade con Elementary/Secondary (0-12)	npietea) College (1-4 or 5 +)	ife.	Do NOT use	ont done during e retired.)	most of working								
	4	3		Hon	nemak	er			wn Ho	me					
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, I	tidde, Maider	Sumame)					
16		John Marshall Ern	est				Emma	Simmo	ns						
notified	BE	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS (Str	et and Number or Ru	ral Route Numi	oer, City or Tov	vn, State, Zi	p Code)				
not	2	George W. Whitlow,	Jr.	3	3403	Maple	Bluff La	ne Bow	ie Ma	ry1aı	nd 20	715			
90		20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS		cemetery, cremetory				City or Tov				
SOL		12C Burial 2 ☐ Cremation 3 ☐ Ramovi 4 ☐ Donation 5 ☐ Other (Specify)	al from State	Fort		oln Ce	meterv		Bre	ntwo	nd Ma	ryland			
101		21. SIGNATURE OF FUNERAL SERVICE LICE			Tytalki										
аші		Robert E. Evans Pres. Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715													
al ex	- 17	novell C. C	ew 1/12												
medical examiner must		23. PART I. Enter the diseases, or con abook, or heart fallure. Lie				ot enter the	mode of dying,	such aa can	Hac or reap	orretory a	rreat,	Approximate Interval Between			
. e		IMMEDIATE CAUSE (Final		-	0	- (-						Onset and Death			
t, the		disease or condition resulting in death) Due to (or as a consequence or):													
or other traumatic event,			0			7:			2			70			
matic e	Z	Sequentially list conditions, b. PESSICKE SCHOMIC DOWEL DUE TO (OR AS A CONSEQUENCE OF):									C charge				
E MA	CERTIFICATION	If any, leading to immediate	DUE TO (OF	AS A CONSEC	OUENCE OF	7):						400			
r trat	<u>3</u>	CAUSE (Disease or Injury c.	OUE TO (DE	AS A CONSE	C)							1/23			
or other		that initiated events resulting in death) LAST	DOE TO (DE	AS A CONSEC	20ENCE OF	J.						Ì			
, 04	H	d.										-			
injury.		PART II. Other algnificant conditions	contributing to de	ath but not r	reaulting i	In the under	ying cause giver	in Part I.	24a. WAS A	N AUTOPSY	7 24b.	WERE AUTOPSY FINDINGS			
× 9	DICAL	JONICE	F 10	SINE	TW-	NS			1 TYES			COMPLETION OF CAUSE OF DEATH?			
shows ar	$\overline{\Box}$									10		1 TYES 2 NO			
	≥														
Item 23	AN	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE OF DEATH	(Check only o	ne)						
Item I	SICI		HOSPITAL:	R/Outpatient 3	DOA	OTHER:	Home 5 - Reside	nce 8 🗆 Othe	r (Specify)						
6 2	PHYS	27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIM	E OF 280	. INJURY AT		SCRIBE HOW	INJURY O	CCURED				
marked,		1 Natural 8 Pending	(Month, Day,	Year)	INI	M 1	WORK?								
death s	B	2 Accident Investigation	26a. PLACE OF I	NJURY — At he	ome, farm,			28f. LO	CATION (Stree	t and Numb	er or Rural F	Route Number,			
after d	ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc					City	or Town, Stat	e)					
hours a	H	One OFFICIENT					-								
2 2 2	APL	(Check only one)	_												
Within 72 STANT: 14	COMP	2 MEDICAL EXAMINER:	Un the basis of exam	nination and/or	ınvestigatio	on, in my opini	on, death occured a	re time, dat	and place,	end due to	the cause(e) and mariner as stated.			
be filed within	ш	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE			29d. D	ATE SIGNED	(Month, Day, Than)			
M P	0 8	17/m	10		20		DE	245			3/	13/7/			
	2	30. NAME AND ADDRESS OF PERSON WHO				, Print)									
			nacc		20		CAVI	5 ES	1	70	9				
		MAD 1 0 10 4	32. REGISTRAR												
		MAR 10 '91 4	Ma Davidon	Randell	2						_				
			11 - 1 - 14 - 14 - 14 - 14 - 14 - 14 -									DHMH-18 Rev 1/8			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death, Page 6 may be retained by the instruction physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Proper 2 miles and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Proper 2 miles and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Proper 2 miles and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Proper 2 miles and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Proper 2 miles and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,



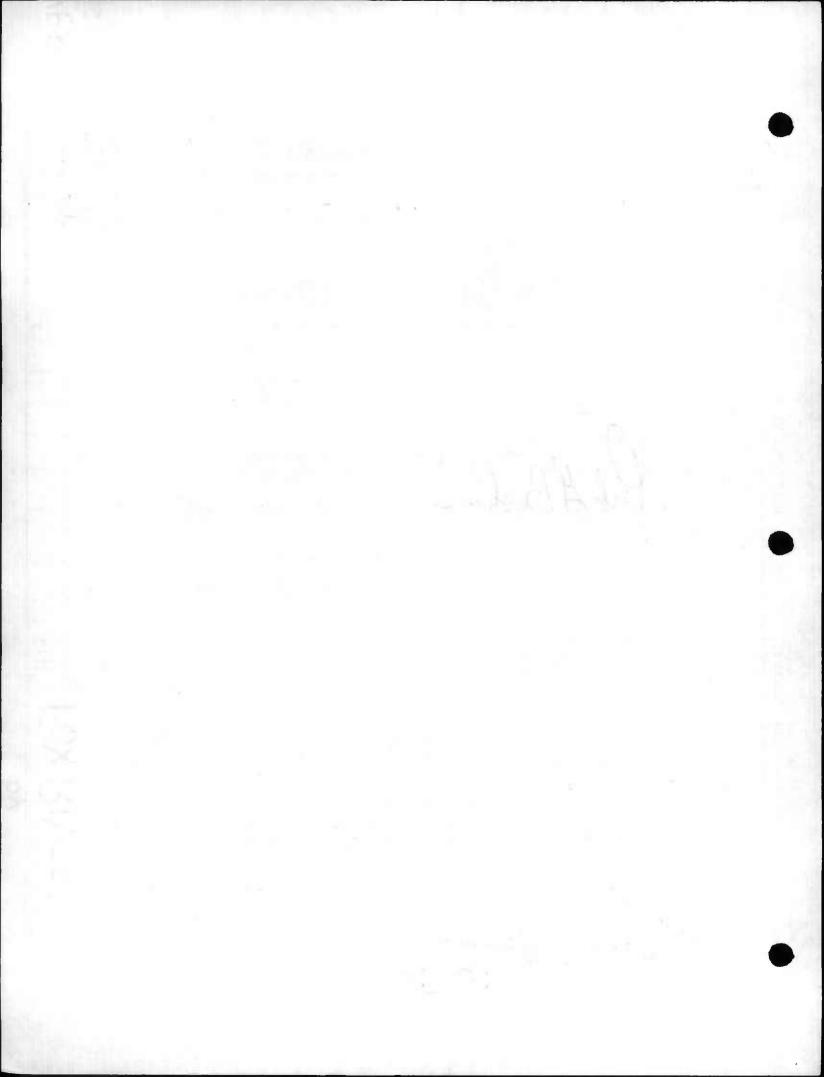
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st		-
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s death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	lal-tran		
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24 h	/ fille	tion,	the
within	pletely	Mental Hygiene prior to burial, cremation, or removal.	ury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.			00007	
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM France	is WEAVER	Jr.	AIL OI	DEATH	MONTH	OF DEATH		YEAR	3. TIME OF DEATH 8:58pm M	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	Z DATE O	E BIRTH			LACE (State or Foreign	
577-20-0001	1 X M 2 □ F 65	YRS. MON	ITHS DAYS	HOURS MIN.	May	27, 1	925 F	enn	sylvania	
9e. FACILITY NAME (If not institution, give str	eet and number)	9b.	CITY, TOWN OF	LOCATION OF DE	ATH		9c. COUNT	TY OF DE	ATH	
DOCTORS COMMUNIT	Y HOSPITAL	OF P.G.	LANHAM-	-SEABROO	K		PRIN	ICE C	GEORGE'S CO.	
10a, STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION	ON					10d. INSIOE CITY LIMITS?	
	George's	Green							XXES 2 □ NO	
10e. STREET AND NUMBER				ZIP CODE					HAT COUNTRY?	
109 Rosewood Dri				20770				.A.		
11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE If yes, spei 1 YES	NDENT OF HISPAN city Cuben, Mexica O Specify	NIC ORIGIN: in, Puerto R y:	? (Specify Yes ican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Caucasian			
15. DECEDENT'S EDUC		16a. DECEDENT'S USU			16b.	KIND OF BUS	INESS/INDU	STRY		
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	tired.)	or working						
8th -		Never we	orked			1/A				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)			
William F. Weaver	, Sr.			Helen C	Chamb	pers				
19e. INFORMANT'S NAME (Type/Print)		The second of the second of the second		d Number or Rural i					-1 -2	
Alice Clark		109 Ros	ewood	Drive,	Gree					
Burling 2 Gramation 3 Remo		DE PLACE AND DATE OF CONTROL OF C			3-19-		entwo		Maryland	
annegles white runeral service fic	Bull		FRANC	IS GASO	CH'S				AL HOME	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Inlury	DUE TO (OR AS A	CATA PA CONSEQUENCE OF):	ANCR	EAS IN	YE MON	META	STSIS	ASE	Onset and Desth	
that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):							100	
PART II. Other algorificent condition		out not resulting in t	he underlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL		-	26 Bt	ACE OF DEATH (C)	book only on	a1				
EXAMINER?	HOSPITAL:		THER:	13_90e080e0e1	771				100	
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJI	JRY AT		CRIBE HOW II	NJURY OCC	UREO		
1 🖄 Natural 5 🗌 Pending	(Month, Day, Year)	INJUR	Y WO							
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	/ — At home, farm, stree	et, factory, office			ATION (Street of or Town, State)	nd Number	or Rural R	loute Number,	
CONSCR DRIFY	CIAN: To the best of my know) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	1		-	29c, LICENSE NU	MBER		29d, DATE	SIGNED	(Month, Day, Year)	
el1A	www			_ 1 _	668	2	1 2	116	191	
30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Type, Pri	int))	110	/ 1 /	
AZHER HUS	SAIN. ND 4	9.17, Edg	enord	Rd C	Myr	pence	MD	20%	740	
31. DATE FILED (Month, Day, Year)	32 REGISTIVE'S EIGH	HILIPPENGER ()								





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VOING PHYSICIAN: The law requires that the death certificate be executed within Secures after d	. After this certificate has been signed by the attending physician and completely filled in by the	Cram
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	FOR STATE REGISTRAR	STATE OF I			RTMENT OF H				YGIENI EG. NO.		91	09885
)	1. OECEDENT'S NAME (First, Middle, Last) OBERT 4. SOCIAL SECURITY NUMBER	5. SEX	WH	IT E	IF UNDER 1 YEAR	IF UNDER	24 HRS.	2. OATE OF O MONTH 3 7. DATE OF BI (Month, Day)	- 15	-9	6. BIRTHPL	TIME OF DEATH 2:02-pm M ACE (State or Foreign
ТОЯ	718-19-7882 SPACILITY NAME PRINCE GREEN RESIDENCE OF DECEDENT	ORGE'S A	OSPIRAL	CIR	9b. CITY, TOWN	D		+-1	- 1		NORTH VITY OF DEA) NC	CAROLINA TH GEORG
DIRECTOR	10e STATE 10b COUNT	E GEORGE	'S	10c. C/1	Y, TOWN OR LOCA	DISTRICT HE						Od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1925 TANOW PLACE				10	I. ZIP CODE	207	47		10g. CITI	U.S.	AT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR XXYES 2 1 MAR OR DATES	MEO 10	It yes, sp	13. WAS DECENDENT OF HISPANIC ORIGINAL STREET OF THE STREET ORIGINAL STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR STREET OR ST			Puerto Ricen, atc.) Blac			- American Indian, White, atc. BLACK
COMPLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12) 7th grade 17. FATHER'S NAME (First, Middle, Lest)		+) (G	ive kind of Do NOT u	USUAL OCCUPATION Work done during me retired.)	osl of workin		SA	FEWA	Y ST		
BE CC	LEE GOULD					LA	URA	ME (First, Middle WHITE				
10	190. INFORMANT'S NAME (Type/Print) MRS. RETHA BAILEY		90)9 CY	PRESS T	REE D	RIVE		HEI	GHTS	, MD.	
	20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) MARYLAND VETERANS CEMETERY CHELTENHAM, MARYLAND VETERANS HUNT PLACE, N.E. WASH. D.C.										IARYLAND	
												Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Covering aftery death 80000 Celegrature 1 yes 2 No of Deat											VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending	28e. DATE O	ER/Outpetient 3 F INJURY Oay, Year)	26b. TII	OTHER: 4 Nursing Hor ME OF 28c. IN. JURY	ne 5 🗆 Re	eidence	6 Other (Sp. 28d, DESCRIE		NJURY OC	CURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE (building	OF INJURY — At he, etc. (Specify)	URY — At home, farm, street, factory, office				261. LOCATION City or Tox	N (Street e wn, State)	nd Number	or Rural Rou	ste Number,
COMPLET	TOTAL OTHY	ICIAN: To the best of										and menner se stated.
TO BE C	29b. SIGNATURE AND TRICE OF CERTIFIE	lago	mo			29c. LiCi	24	720	7	29d. DAT	3 - /	Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W RAVINDE		PUL 7	M 27) (Typ	e, Print)	6	13	2 L	cu	clar	revol	185

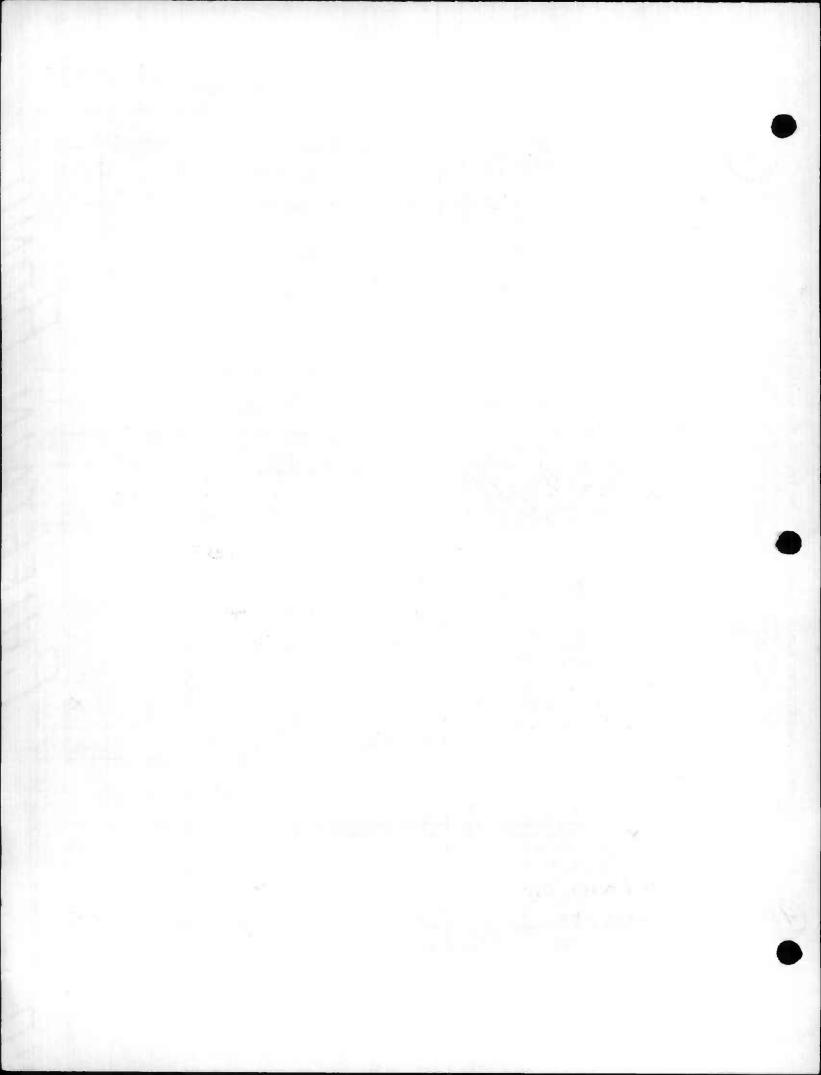
32. REGISTRAB'S SIGNATURE
Julia Davidson-Randalle

613 2 Chaven

Landover ,

RAVINDER
31. DATE FILED (Morrity, Day, Yber)
MAR 19 '9'

'91



DHMH-18 Rev 1/89

		1 - STATE REGISTRAR	STATE OF I		D / DEPAR CERTIF					VIENTAL HY	GIENE 3. NO.				
)	1. DECEDENT'S NAME (First, Middle, Last)			-					2. DATE OF DE		YEAR		NE OF DEATH	٦
		BERTHA		W	TLLIAM	S				03	12	91	5:	30AM	М
		4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF BIR (Month, Day, 1		8. BIF	THPLACE	(State or Foreign	
(E)		242-54-4533	1 M 2 F	6	3 YRS.					May 8.		Nor		Carolini	а
3	ac.	9e. FACILITY NAME (If not institution, give at		CENTE	D	96. CITY		R LOCATIO		ATH	94			ODCETC	
. 2.	5	PRINCE GEORGE'S	105PITAL	CENTE	K		CHE	VERLY				PRINC	E GE	ORGE 'S	\exists
Pages	DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					1	NSIDE CITY LIMITS?	
permit. P		Maryland Princ	e George	S	Car	ital		ghts.			- 1	Da. CITIZEN O		YES 2 NO	\dashv
	ERAL	627 Larchmont Av	0				107.	207					r what c	OUNTHY	
40 physician. burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S	S. ARMED			ENDENT OF	F HISPAN	IIC ORIGIN? (Spe	city Yee or	U.S.A. No- 14. B	ACE — An	nerican Indien,	
physical physical purising the purising the physical phys		1 Never Married 2 Merried	FORCES?	YES 2	XNO			2 X NO		n, Puerto Rican, e /:	rtc.)	1 2	ecity:		
203-3146 w attending physician. use as the burial-tran	D BY	3 🔀 Widowed 4 🗌 Divorced	PATION	T do.	PEOCNETIC		001104710			485 KIND	OF BUILDING	ESS/INDUSTRY		Black	_
or after	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)		(Give kind of life. Do NOT L	work done	during mos		g	160. KIND	OF BUSINE	E35/INDUSTR			
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5		nervis	or o	f fo	od se	arvi	ce D.C.	Pub	lic Sc	hoo1	c	
AND 2. the hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle,					
# 84 F	BE C	Edward Allen								Wiggi		_			
be retained ge 5 should e notified	TO E	19e. INFORMANT'S NAME (Type/Print)								Route Number, City					
4 8 9		Stanley Williams	_	20h BI	ACE OF DISPO					Ft. Was		TOD M		20744	-
Page 6 may il director, par ner must b		1 Buriel 2 Cremation 3 Rem	oval from State	oth	her place)				,	- 1					
Page al dire	1	21. BIONATURE OF FUNERAL SERVICE LIC		Wasi	arrii 81 tu	22.	NAME AN	ID ADDRES	S OF FA	ery3/16	/91	2011110			
death. Pag thread div		Bour	1 110	tho.	2	D,	hort	- F	1.7: 71	holm Tm		08 Sui		d Rd.	
ours after d in by the or removal	М	23. PART I. Enter the diseases, Or o				not ante	r the mo	da of dyi	ng, suc	h ea cerdiec o	r reapiret	ory arrest,	MD	Approximate	
iours led in or n	1	shock, of heart fallure.	1		*	1	41	0					į	Onset and Dec	
hin cretely fill mation		disease or condition resulting in death)	INE	UMON	VIA,	100	14-	lu	91	,				6 da	2
46, ed withic complete al, crema event,			DUE TO	O (OR AS A CO	NSEQUEN É	OF):							4	8	
executed within n and completely to burial, cremationallic event, immatic event,	NO NO	Sequentially list conditions, Due to (or as a consequence of):										- +		\dashv	
Sician brior b	§	if any, leading to immediata cause. Enter UNDERLYING	c.												
rtifical phy piene pther	RTIFICATION	CAUSE (Disease or injury that initiated events	d events Due to (or AS A CONSEQUENCE OF):												
death ce attendificental Hy	CER	resulting in death) LAST	d										1		-
D 2 € 2 =	CAL	PART II. Other aignificant condition	e contributing to					-			WAS AN AU			E AUTOPSY FINDIN	GS
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w requires that the signed of	MED	Hyperkaly	04	×									1 🗌	YES 2 NO	
0 00 00 00	AN:	25. WAS CASE REFERRED TO MEDICAL	/				26 8	ACE OF D	EATH (C)	heck only one)					_
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o the S	РНУ	27. MANNER OF DEATH	28e, DATE O		26b. TI	1	28c. IN.	JURY AT		28d. DESCRIB		URY OCCURE	D		
	BY F	1 Natural 5 Pending 2 Accident Investigation	-	Va		100		YES 2	NO		Oq				
0 5 4 5 4		3 Suicide 6 Could not be	25e. PLACE building	OF INJURY	At home, ferm	, street, la	ctory, offic	e e		281. LOCATION City or Tow	(Street end	d Number or Ru	iral Route	Number,	
DIVISION ON ATTENDON'S after thours after them 28 19	iu i	200 CERTIFIER		70	9				-		109				_
4 42 =	1 = 1	(Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of		-								use(e) end	menner ee atatec	d.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 i	8	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NU			29d. DATE SUS			
五五 300	BE	C. KOMBUDO	2 1	10				101	44	68		>3/	12/9	2 /	
W Ex	2	30. NAME AND ADDRESS OF PERSON MY	10 COMPLETED CA	USE OF DEATH	H (ITEM 27) (Ty	oe, Print)	Mil	0 1	th	BW	9	Can	20	NA MI	,
			NO JA	MA	URE WILL	C.I.	my	rer /	77	-/-	'' /	Ju	701/	49, mg	-
		31. DATE FILED (Month, Day, Year) MAR 19	32. REGISTI	RAR'S SIGNATI	URE	andel	2								1
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TO BE COMPLETED BY FUNERAL DIRECTOR

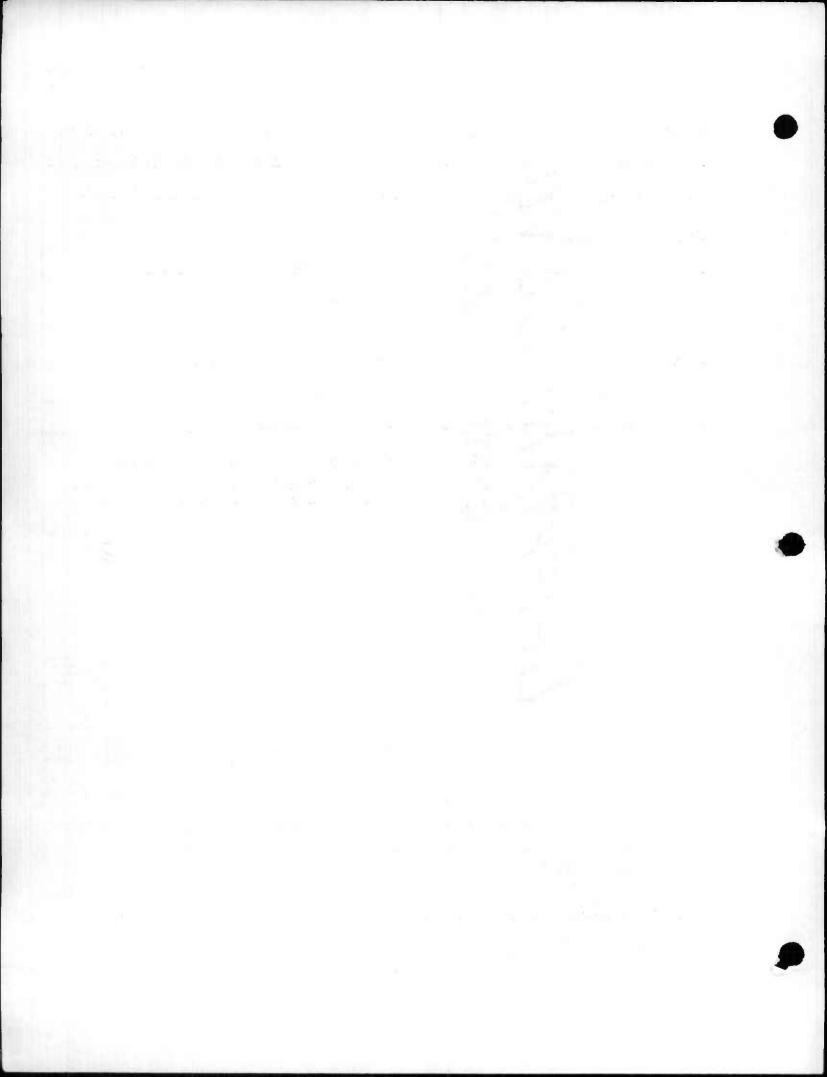
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR	
١.	STATE	
	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Esta Lorra	aine	WHALEN			2. OATE OF DEATH 03-18-199	ĭ	year 3. TIME OF OEATH 11:25 am M
4. SOCIAL SECURITY NUMBER 577-20-5541	5. SEX 6. AG		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) August 4,	1917	6. BIRTHPLACE (State or Foreign Country) Washington, DC
9e. FACILITY NAME (If not institution, give :	street end number)	9	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH
Hillhaven Nursin	g Center		Adelpl	ni		Prin	ce George's
10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOC	ATION			10d, INSIDE CITY LIMITS?
	ce George's	Adel					1 TYES 2 NO
3210 Powder Mill	Road		1	01. ZIP CODE 20783		U.S.	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried X Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, s	ECENDENT OF HISPAN specify Cuben, Mexice (S 2 X NO Specify		or No-	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	rk done during n	TION nost of working	16b. KIND OF BUS	SINESS/INDU	JSTRY
Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+) 6 Years	Researc			F.B.1		
17. FATHER'S NAME (First, Middle, Last)				16, MOTHER'S NA	ME (First, Middle, Maiden		
Daniel Luckett				Esta Be	lle McCoy		
19e, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street		Route Number, City or Town	n, State, Zip	Code)
Daisy Malinosky	(Sister-In-L	aw) 3704 W	indom	Road, Bre	entwood, Ma	rylar	nd 20722
20e. METHOD OF DISPOSITION 1X Burlel 2 □ Cremation 3 □ Rem	noval from State	other place)			20c. LO	CATION — C	City or Town, State
4 Donellon 6 Other (Specify)		Cedar Hill				land	Maryland
Handy K.	BARAGII	M	Fran		's Sons Fu		l Home, P.A. 111e, Md. 20781
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Carci	ed the death. Do not each line.	t anter the m	node of dying, auc	h ea cardiac or respi	retory arre	Approximate interval Between Onset and Death 2 8 mos
Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	B A CONSEQUENCE OF):					
PART II. Other eignificant condition	na contributing to death	but not resulting in	the underly	ing cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
Cardiomyo	outhy				PERFOR	. /	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant condition Cardio my o OCCONIC ha	in Synd	rome-			-		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O		Numing H	ome 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF OEATH Netural 5 Pending Investigation	28e. DATE OF INJUR (Month, Day, Year		RY V	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCC	UREO
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU building, etc. (S	RY — A1 home, farm, atr	eel, factory, of	fice	261. LOCATION (Street City or Town, State)		or Rural Route Number,
anal anny	SICIAN: To the best of my kn						
2 MEDICAL EXAMIN	The second second	tion end/or investigation,	in my opinion			d due 10 the	e ceuse(e) end menner ee stated.
296. SIGNATURE, AND THELE OF CERTIFIE	and no			29c. LICENSE NUI	2376		SIGNED (Month, Day, Year)
Dr. Alison Norri				2, Rockv	ille, Mary	land	20850
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE					
MAR 21 '91 4	July Deviden A	ando se					



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TAL	RAL	2	#
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shc	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
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TO BE COMPL

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, N

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	1 - FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF	DEATH	MENIAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last)	WARNER GEOR	RGE WII	LILAMS,	JR	2. DATE OF DEATH	5-91 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-56-7112	}{∑KM 2 □ F	n yrs. lest birthday) 40 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-11-50	Co	Wash. DC
CTOR	9a. FACILITY NAME (If not institution, give a HOLY CYOSS HOS RESIDENCE OF DECEDENT				er Spr		9c. COUNTY OF	GOMERY
DIREC	10a. STATE 10b. COUNTY	ntgomery		ry, town on Loc Silver				10d. INSIDE CITY LIMITS? 1 YES 25 NO
RAL	100. STREET AND NUMBER 1084 Good Hope		1 5		01. ZIP CODE 209() 4		F WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried & Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2- NO	If yes,		ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) city:	В	ACE — American Indian, lack, White, atc. pecify: Black
PLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT (s usual occupations of during of the second	nost of working		siness/industr	
E COM	17. FATHER'S NAME (First, Middle, Last) Warner G. Willi	iams, Sr.	1.000		18. MOTHER'S I	NAME (First, Middle, Melder Yn Reddi	Sumame)	20
TO BE	19a. INFORMANT'S NAME (Type/Print) Karen E. Willia	ams (Wife)			t and Number or Run	al Route Number, City or Tox	vn, State, Zip Code,	ng, MD 209
	20a METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	DI ACE AND DAT	re of Disposition by or other place) Orial	N (Name Cemeter	y3/30/91	CATION - City of	
	Logenzie K	Anou	Alu	SNO	KVILLE,	NERAL HOM MD 2085)	Α.
	23. PART I. Enter the diseases, pro- shock, or bear failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in desth)	List Dnty one cause on e	ech ilne.		a Huw		iratory errest,	Approximate Interval Betwee Onset and Dear
z		DUE TO COP AS A	CONSEQUENCE	terios	clerosi	Socien	1212	
ICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE	OF): \				
CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):				
MEDICAL (PART II. Other significent condition			-	ing cause given	0.000.0	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL (SKAMINER?	HOSPITAL:		26.	PLACE OF DEATH (Check only one)		
	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b. Ti	4 Nursing H	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	
ВУ	2 Accident Investigation			- 1	YES 2 NO			

29c. LICENSE NUMBER

2 (8 WIS CONSIN

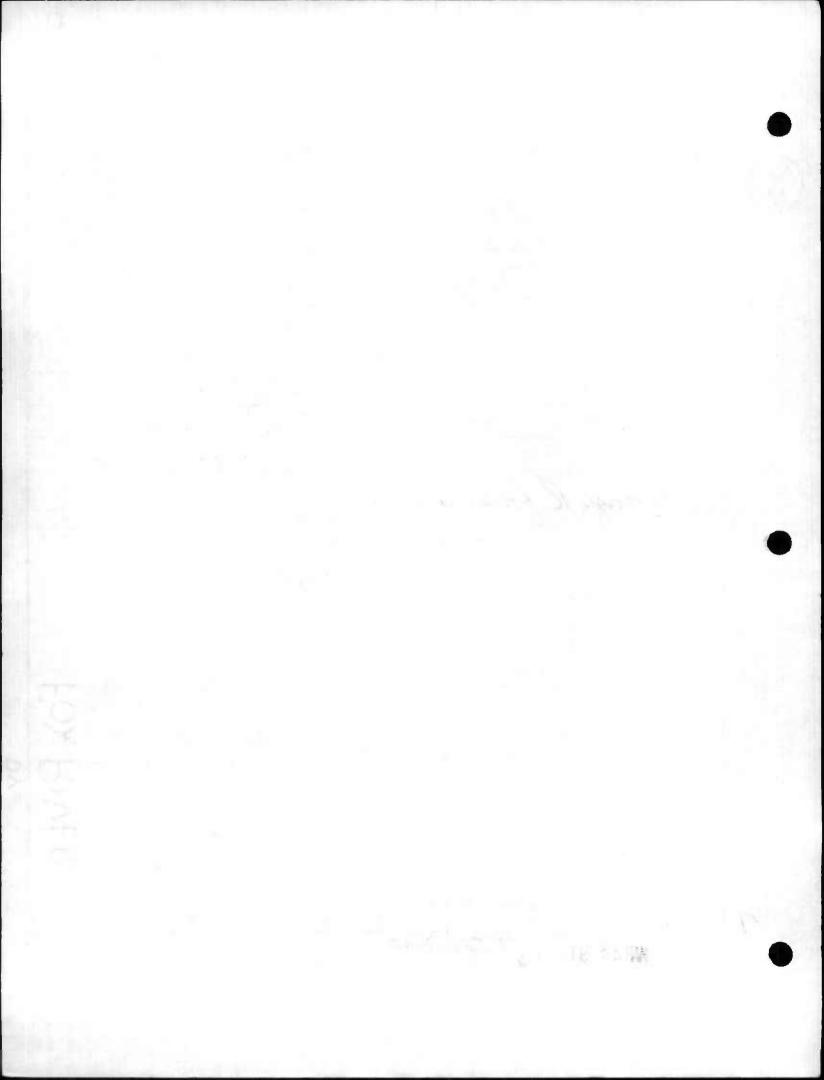
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DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

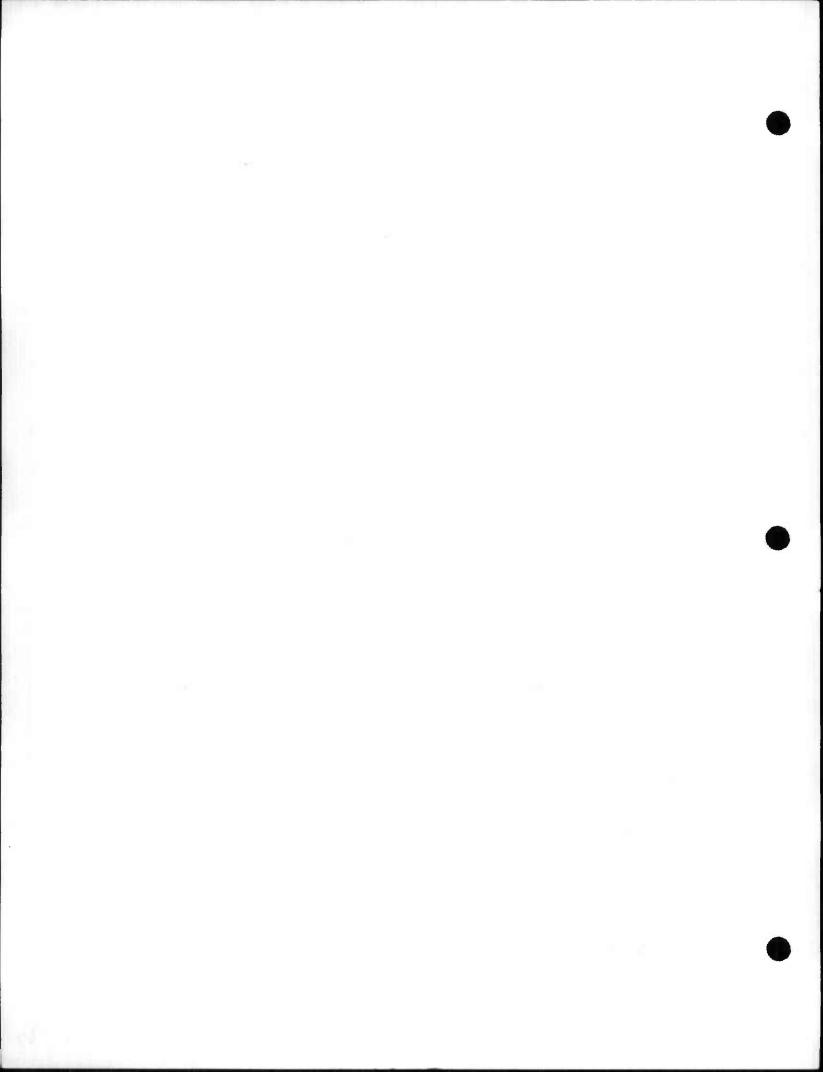
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending thy sician and completely filled in by the funeral director, page 5 should be detached for use a be filled with the State Dept. of Health and Mental Hygiene prior to build be computed, cremation, or removal. **Indept within 18 fears 28 is marked or them 23 shows any Injury, or other traumatic events, the medical examiner must be notified at once.	IMPORTANT IN TABLE LO INCIDENCE OF THE PROPERTY OF THE PROPERT
--	--

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENS
CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	DORO	THY S.	WILSON		2. DATE OF DEATN		3. TIME OF DEATH
	Dorothy 5.	Wilson				March 2	5 199	1 2309 M
	4, SOCIAL SECURITY NUMBER			UNDER 1 YEAR		7. DATE OF BIRTN	0. 8	BIRTNPLACE (State or Foreign
	220-34-3773 9a. FACILITY NAME (If not institution, give str	1□M2√F 89	YRS.	AITHS DAYS	HOURS MIN.	(Month, Day, Year) MAY 8, 190		SSOURI
OR	Shady Grove Ad	ventist Hospi		ROCKVIL		AI N		TGOMERY
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	V.	10c CITY TO	OWN OR LOCATION	ON.			10d. INSIDE CITY
E I		OMEGOVEDN			J			LIMITS?
	MARYLAND MO	ONTGOMERY	I ROCI	KVILLE	ZIP COOE		100 CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
RA				1				
FUNERAL	9701 VEIRS DRIVE	12. WAS DECEDENT EVER IN	II S. ARMED	13 WAS DECE	20850	C ORIGIN? (Specify Yes	US Or No. 14	RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe-	cify Cuban, Mexican,		- I I I I I I I I I I I I I I I I I I I	Black, White, atc.
BY	3 💢 Widowed 4 🗌 Divorced	IF TES, GIVE WAN ON DAI	123	I I IES	2 X NO Specify:		WH	Specify: LITE
E	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18a. OECEOENT'S US	UAL OCCUPATION	N	18b. KIND OF BU		
삨	Elemantary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re		or working			
P.	12		HOUS	SEWIFE				
COMPLETED	t7. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NAM	IE (First, Middle, Maiden	Sumame)	
BE	FRANZ WISSMAN				LOUISA	LENDL		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an		oute Number, City or Tow	n, State, Zip Coo	do)
F	DONALD A. WILSON	(SON)	517 ROC	CKFORD	ROAD SI	LVER SPRIN	IG.MARY	T.AND 20902
	20a_METNOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remo	20b.	PLACE OF DISPOSITI	ON (Name of cem	etery, crematory or	20c. LO	CATION — City	or Town, Slate
	4 Donation 5 Other (Specify)	FC	RT LINCOL			BREN	TWOOD.	MARYI.AND
	21. SIGNATURE OF FUNERAL SETWICE LICE	ENBEE	/		ADDRESS OF FAC	ILITY		
	1 Sunsan	m Must	27	FRANCIS	S J. COLI	LINS FUNEI	CAL HOM	E, INC. PR., MD, 20901
	23. PART i. Entar the diseases, or c	omplications that caused	the death. Do not	enter the mod	ia of dying, euch	aa cardiac or reap	iratory arreat	Approximate
	shock/ or heart fallure. I	let only one cause on ea	ch line.					intsrval Batween Onset and Daath
	disease or condition	Card	ue ar	rest				0.5000 2.000.000 0.000
	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):					
z		Se	poes					
일	Sequantielly list conditions, if sny, lesding to immadiate	DUE TO (OR AS A	CONSEQUENCE OF):	1 /	7			
5	cause. Enter UNDERLYING CAUSE (Disesse or injury	1 sel	mee &	owell	signal	one		
	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):		/			
CERTIFICATION		J						
ALC	PART ii. Other significant condition	s contributing to death bu	it not resulting in	tha underlying	cause given in i	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Hup frac	twee, no	cop sures	y segn	drome	1 YES :		COMPLETION OF CAUSE OF DEATH?
				/				1 YES 2 NO
PHYSICIAN: MEDIC								
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
Sic	1 TYES 2 THO	1 Inputient 2 ER/Output	ntient 3 DOA 4	THER:	5 - Realdence	B ☐ Other (Specify)		
F	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	RK?	28d. DESCRIBE NOW	INJURY OCCUR	ED
BY	1 Natural 5 Pending Investigation				ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci		et, factory, office		281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED								
7	(Critick Drilly /	CIAN: To the best of my knowle						
S S	one) 2 MEDICAL EXAMINE	R: On the beals of examination	and/or investigation,	in my opinion, de	eath occured at the	lime, date and place, a	nd due to the c	ause(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIES	100	1		29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)
0 8	1/over 0	2/40	1 40		29	500	> 3/	26/91
2	30. NAME AND ADDRESS OF PERSON WHO							ı
	ROBERT L. GOLI			ROVE RI). #201	ROCKVILLE	, MARY	LAND 20850
	31. DATE FILED (Month, Day, Year)	12. HIGISTRAR'S SIGNA	ATURE					
	MAR 28 '91	guma varyase	1- Bundall					



DHMH-18 Rev t/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. OECEDENT'S NAME (First	, Middle, Last)	ENIA R	14	150	*					2. DAT	E OF DEATH	ıy .	YEAR	3. TIMI	E OF DEATH
						T			(-		.6	91		8A H
1. SOCIAL SECURITY NUMBER 105 222 73		5. SEX	6. AGE (In yrs. last	birthday) YRS.	MONTH	DER 1 YEAR		ER 24 HRS.		E OF BIRTH oth, Day, Year) 7 —/6—	89			(State or Foreign Carolin
90. FACILITY NAME (If not in			Ac	57 7				N OR LOCA			, ,,		INTY OF D	EATH	
7620 MA		AVENUE	M	77 2	12	TA	+K0	MA	PAR	LK		m	tno	0 15	mery
10e. STATE	10b. COUNT	Y			10c. CIT	Y, TOW	N OR LO	CATION						10d. IN	ISIDE CITY
MD	mo	nTqom	en	r	T	Ak	20 A	14	PA	AK			h	1 🗆 Y	MITS? /ES 2 NO
7620 N	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-E AVE	IIIE	Ť				101. ZIP CO					IZEN OF V		UNTRY?
	1177								0912				S.A.		
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS OECEDEN	YES	2.K.N	MED O	1	If yes,	specify Cu	ban, Mexica	NIC ORIG	IN? (Specify Yea o Rican, etc.)	or No	Black	, White,	
X Widowed 4 Dive		IF YES, GIVE V	MAR OR D	ATES			1 🗆 Y	ES 2	O Specil	y:			Speci	BL	ACK
	EDENT'S EDU			16a. OEG	CEDENT'S	USUAL	OCCUPA	ATION most of wor	kina	16	b. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5	+)	Ille.	ome	se retire	d.)				Dome	esti	.c		
17. FATHER'S NAME (First, M	fiddle, Last)							18. MC	THER'S NA	ME (First	, Middle, Malden	Sumama)			
Wesley Do		3						L:	1111	e R	obinso	n			
Rebecca D.		ggs			451						mber, City or Tow Laure]			20	724
20a, METHOD OF DISPOSIT 1 M Burlel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	200	o. PLACE (other pla		SITION	(Name of	cometery, co	eter	У			e, S		th Car.
21. SIGNATURE OF FUNERA	L SERVICE U	CENSEE				1	22. NAME	AKO	ESS OF F	UNE:	RAL HO	ME.	TNO	1.	
Millia	m A.C	Plark					25	54 Ca	arro	11	St. N.	W.	Wash	iinį	gton DC
23. PART i. Enter the d	liseases, or	complications in	it cause	d the de	eth. Do	not en	ter the	mode of o	lying, aud	ch ae ce	irdiac or reep	ratory a	rreet,	A	Approximata
IMMEDIATE CAUSE (FI		10													Onset and Death
disease or condition resulting in death)	\rightarrow	a. Myyo	Car	dia	(ln	fa	rut	7'01					_ _	minutes
	_	b. Arte									~ Note	0016			leans
Sequentially list condition if any, leading to imme		DUE TO	OR AS	CONSEC	UENCE O	IT C.		1 4110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.U TA	0.0	-417		+	1 4 3
Cause. Enter UNDERLY		C												-	
that initiated events resulting in death) LAS	ST.	DUE TO	OR AS	A CONSEC	WENCE O	NF):								i	
		d												+	
PART II. Other significa	nnt condition	na contributing to	death b	out not n	esulting	in the	underly	ying caus	e given in	Part i.	24s. WAS AN		24b		AUTOPSY FINDINGS
HyperT	engis	^									PERFOR			COMPL	BLE PRIOR TO LETION OF CAUSE
														DF DE/	YES 2 NO
													İ		
25. WAS CASE REFERRED T	TO MEDICAL						28	. PLACE OF	DEATH (C	heck only	one)				
1 YES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTH 4 🗆		tome 5 C	Residence	8 🗆 Ot	her (Specify)				
27. MANNER OF DEATH		28s. DATE O			28b. TIA	ME OF		INJURY AT		_	ESCRIBE HOW	NJURY O	CCURED		
1 Netural 8 2 Accident	Pending Investigation	(Month, I	9.1°4		IN	JURY M	1[WORK?	□ NO						
3 Suicide 8 Homicide	Could not be determined	28e. PLACE building	OF INJURY I, etc. (Spe		me, farm,	street,	factory, o	offica			CATION (Street ty or Town, State)		er or Rural i	Route Nu	imber,
29e. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best o	f my know	viedge, de	ath occur	red at ti	he time.	date and pla	ce, end dis	e to the r	cause(e) and ma	nner aa e	ated.		
TOTACK ONLY		ER: On the basis of												e) end m	sanner ee atated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	RAD	en u4	ym	udi	4		29c. L	ICENSE NU	MBER			TE SIGNED		
Ganland	une	hul	Ex	an	11h	w		10	018	1-3		•	3-2	6-	7/
PAUL A.	EVOR	F M.D.	42	O 3 (1 27) (Type	e, Print)	رط	my f.	Ld h	lya	tto:	lle	MA	20:	781
31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGN												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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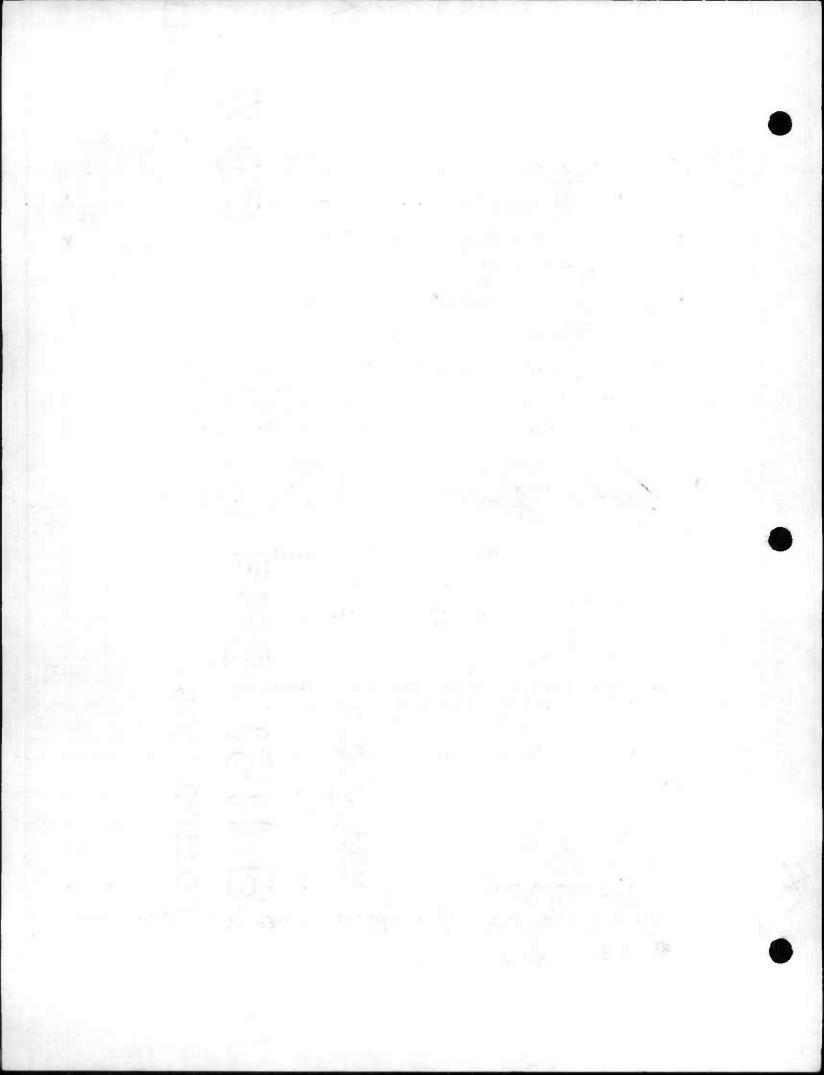
	FOR 1 - STATE		STATE OF N	MARYLAND /			F HEALTH	I AND N	IENTAL HYGIE		1819 1819	0989	1 .
	REGISTRAR			CI	RTIF	CATE	OF DEA	TH	REG. N	0.			
1	1. DECEDENT'S NAME (First	Micidie, Last)	Kather	ine S.	War	ren .	141		2. DATE OF DEATH	3 -	YEAR	3. TIME OF OEA	550 H
- 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	F-1-4	IF UNDER 1 YE		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTH Count	PLACE (State or Fi	oreign
- 4	113-26-6853		1 🗌 M 2 🕏 🗲	25	YRS.	MONTHS DA	YS HOURS	MIN.		1909		York	
	9a. FACILITY NAME (If not in	nstitution, give st	reet and number!	()8	1	95 -CITY, TO	WN OR LOCAT	TION OF DE			NTY OF D		
DIRECTOR	Greater La		eltsville	e Hospit	al		•	4	HUR EL	Pri	nçe	George	
<u> </u>	10e. STATE	10b. COUNTY			18c. CITY	Y, TOWN OR L	OCATION					10d. INSIDE CITY	٧
5	Maryland	Princ	ce George	9	1	Laurel						tXXYES 2 □	NO
اہ	10s. STREET AND NUMBER				-		101. ZIP CO	DE		10g. CIT	IZEN OF	WHAT COUNTRY?	
H I	14607 Bowie	e Road	#202				207	708		Un	ited	States	
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 3 Never Married 2 Dive		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V		MED VD	If yo	DECENDENT s, specify Cut YES 2 N	ban, Mexicar	IC ORIGIN? (Specify n, Puerto Rican, etc.)	fea or No—	14. RACI Blac Spec	E — American Indi k, White, etc.	
	15. DEC	CEDENT'S EDUC	CATION	16a, DI	CEDENT'S	USUAL OCCU	PATION		16b. KIND OF I	USINESS/IN	DUSTRY		
COMPLETED	(Specify on Elementary/Secondary (ly highest grade	completed) College (1-4 or 5	(6	live kind of v b. Do NOT us	work done during retired.)	g most of worl	king					
2	12 years		3 vears		sear	ch Sci	entist	t	U.S.	Gover	nmen	t	
S O	17. FATHER'S NAME (First, A		years.				16. MO	THER'S NA	ME (First, Middle, Maid	en Surname)			
	Franklin W	aters I	Hall]	Brehme			.A	lmira	VanNost	rand	Survo	lam	
BE	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (SI			Poute Number, City or				
2	Constance 1	B. Warn	cen		same	as #1	0						
	20a. METHOD OF DISPOSIT	TION		20b. PLACE	OF DISPOS	SITION (Name	of cometery, cr	ematory or	20c.	LOCATION -	City or T	own, Stata	
	1 Burial 2XXCremati 4 Denation 6 Othe		ovel from State	Metr	opol:	itan C	remato	ory	Al	exand	ria,	Virgin	ia
	21. SUNKTUNE OF FUNERA	AL SERVICE LIS	ENTEE			22. NAI	E AND AOOF	RESS OF FA	CILITY				
	/ Alahad	11/	SARAL	andt					rgwardt F				
	23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	heart fallure.	List only one ca		f.	not antar the			ill Rd. F			Approxin Interval I Onset an	nate Between
CERTIFICATION	Sequentially list condi- if any, leading to imm- cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	odlate /ING ury	с	O (OR AS A CONSE									
S			a										
PHYSICIAN: MEDICAL	PART II. Other elgolific	ant condition	is contributing to	o death but not	resulting	In the unde	rlying ceus	e given in	Part I. 24e. WAS PER 1 TYES	AN AUTOPSY FORMED?	24	b. WERE AUTOPSY MAILABLE PRIO COMPLETION OF OF OEATH? 1 YES 2	R TO
AN	25. WAS CASE REFERRED	TO MEDICAL					26. PLACE OF	F OEATH (Ch	eck only one)				
SIC	EXAMINER?		HOSPITAL: 1 Monpetient 2	☐ ER/Outpetlent	3 DOA	OTHER:	Home 5 🗆	Residence	8 Other (Specify)				
	27. MANNER OF DEATH	Pending	28a. DATE O		26b. TIA	JURY 26	c. INJURY AT	NO	284. DESCRIBE HO	W INJURY O	CCURED		
ED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — At It I, etc. (Specify)	ome, farm,	atreet, factory	, office		281. LOCATION (Str City or Town, S		er or Rura	Route Number,	
	29a, CERTIFIER		IOLANI, To IT	4 - 4 - 4	i and								
COMPLETED	(Check only								to the cause(s) and			(a) and manner	a state of
S) 0		evenimentou sud/o	arrestigati	on, in my opir			time, data and place				
BE	296. SIGNATURE DE TITT	DF CENTIFIE	m.d	a			29c. L	JOENSE NU	19097	29d. D/	3	RS 19	9/
2	30. NAME AND ADDRESS	OF PERSON WI	HE LLV	USE OF DEATH (IT	EM 27) (7)P		183.	Bo	WIF	MJ	1/8	0714)1
	31. DATE FILED (MODE), 49	9"91	32. REGISTA	AR'S BIGNATURE	Rando	1						, - /	

Fort - Ho 7 Eo

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

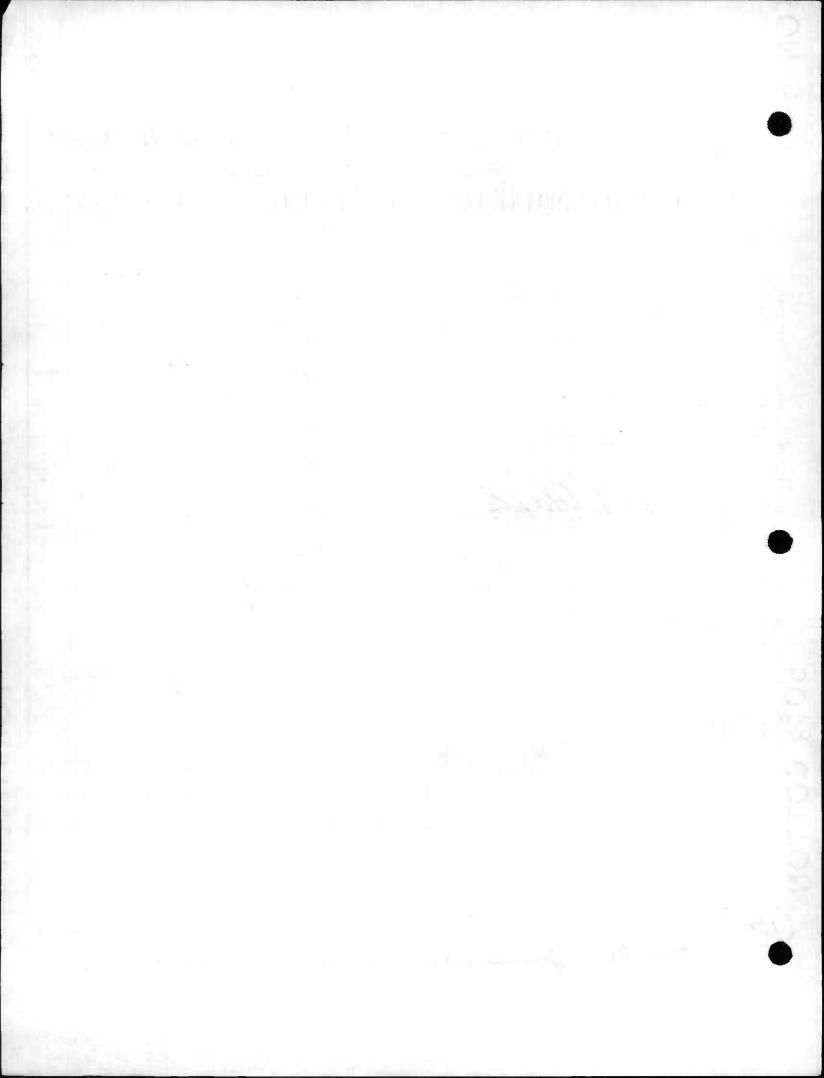
	1. DECEDENT'S NAME (First, Middle, Last)				OAIL	<u> </u>	DLA		2. DATE OF DEATH			3. TIME OF DEATH
	ULYSSES	S	YOUNG						MARCH 18	.1991	YEAR	8:40pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		7	PLACE (State or Foreign
	186-12-5033	1 📈 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	06-10-	-13	Sout	
- 7	9e. FACILITY NAME (If not institution, give	street end number)			9b, CITY,	TOWN C	R LOCATI	ON OF D	EATH	9c. COU	INTY OF DE	ATH
DIRECTOR	DOCTORS COMMUN	ITY HOSPI	TAL OF I	P.G.	LA	NHAN	1-SEA	ABRO	OK	PR	INCE	GEORGE'S C
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c, CITY	r. TOWN OF	LOCAT	TION					10d. INSIDE CITY
E	MD PRIA	KE GEOR	RGE	GI	REEN	BE	4					LIMITS?
. 1	104 STREET AND NUMBER						. ZIP COD	E		10g. CIT	TIZEN OF W	HAT COUNTRY?
FUNERAL	8683 GREEN	BELT K	D				20	777	70	I	U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR						NIC ORIGIN? (Specify Ye	-	14. RACE	— American Indian, White, atc.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		10			2 X NO		in, Puerto Rican, etc.) ly:		Specif	y:
			1				279					Black
E	15, DECEDENT'S EDU (Specify only highest grad	s completed)	(G	CEDENT'S has kind of w Do NOT us	vork done di			ing	16b, KINO OF BU	ISINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)]	rofe					Port	in Co	1100	
8	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	1 1	TOLE	2201		18. MOT	HER'S NA	AME (First, Middle, Meider		olleg	е
	John L. You	19					277.60		a Jones			
BE	19e. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS	(Street a	and Numbe		Route Number, City or Tox	vn, State, Zi	ip Code)	
2	Coley J. Young	Jr.		573	1 N.	Lan	abert	S S	t. Phila.,	PA 1	19138	
	20a, METHOD OF DISPOSITION 1/X Burial 2 □ Cremation 3 □ Ren		20b. PLACE						OATE 20c. LO	CATION -	- City or To	wn, State
	4 Donation 5 Donation 3 Her	novel from State	RoII	ing G	reen	Cen	neter	су	3/23 We	st Cl	neste	r, PA
	21. SIGNATURE OF SOMERAL SERVICE L	CENTEE			22. N	Da 1 1	ROCA ON	SS OF FA	iller Fune	ral F	Tome	
	9) 1 chaw	RI	01						h St. Phil			PA 19121
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO	NV 1+1	le ouence of ex	m ria	4-6	lm	1A	TX.			Onset and Dea
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEI OR AS A CONSEI OR AS A CONSEI	OUENCE OF	etir	η						
E.	resulting in death) LAST	d										
	PART II. Other algoriticent condition	na contributing to	death but not i	reeultina i	in the un	derlyin	g ceuse	given in	Part I. 24a, WAS A	N AUTOPSY	24h	WERE AUTOPSY FINDING
DICAL	multiple a			^	,		_	nd	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	14 +12 1851	nia	Lone			3		- 364	1 1 725	- 14 110		OF DEATH?
		0		0	->/		-		W .			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (C	heck only one)			
S	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER		ne 5 🗆 F	lesidence	6 Other (Specify)			
E	27. MANNER OF DEATH	26e. DATE Of (Month, E		28b. TIM INJ	E OF		JURY AT		28d. DESCRIBE HOW	INJURY O	CCURED	
BY	1 X Natural 5 Pending 2 Accident Investigation				М		YES 2	□ NO				
ED	3 Suicide 6 Could not be	28e. PLACE (building,	OF INJURY — At he , etc. (Specify)	ome, farm, s	street, fecto	ory, offic	00		28f. LOCATION (Street City or Town, State	end Number)	er or Flural F	Route Number,
	20a CERTIFIER A.A						_					
COMPLET	(Check only								e to the cause(s) and m e time, date end place, s) and manner or stated
8				investigatio	, in my o ₁	pirilori, c						
BE	29b. SIGNATURE AND TITLE OF CERTIFI	(1				_	332		29d, DA	_	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	ISE OF DEATH (ITE	M 27) /Tuna	Print)				. ,			
	Car J. Slav				per	Da	- 1	CIA O	Suit	CA.	-2	Bowie, m 20715
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	, 3	1	γ ο γ		w Q		- / (
	MD 20 304											20715

DHMH-16 Rev 1/89



DHMH-18 Rev 1/89

	1. OECEDEHT'S HAME (First, Middle, La	"Martha	P. VILLY	TE OF DEATH	2. DATE OF DEATH		AR JUNE OF DEATH
	4. SOCIAL SECURITY HUMBER 219-46-7413 SHEFACILITY NAME (If not institution, gi	1 □ M 2 □ F 45	YRS. MONT	NORN 1 VIEW F LINDER 24 HRS. HIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 24 45 OEATH		BIRTHPLACE (State or Foreig Country) Maryland OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COU	Marylono	HOSPIAL 10c CITY, TOY	MN OR LOCATION		IPY IY	10d, INSIDE CITY
DIRI		harles	100	dorf			1 TYES 2 HO
RAL	100. STREET AND HUMBER 112 Ryce Drive			101. ZIP CODE	20601		S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 XHO	13. WAS DECENDENT OF HISP if yes, specify Cuben, Maxi 1 TES 2 ANO Spec	AHIC ORIGIH? (Specify can, Puarto Rican, etc.)	Yes or Ho— 14.	RACE — American Indian, Black, Whita, etc. Specify: aucasian
LETED	15. DECEDENT'S E (Specify only highest gi	rade completed) College (1-4 or 5+)		lone during most of working red.)	De TANSFELL	BUSIHESS/IHDUS	TRY
COMPL	12 17. FATHER'S HAME (First, Middle, Leet) Forst J		Computo	r Programer 18. MOTHER'S I Fdna	IAME (First, Middle, Maid		vernment
TO BE	190. IHFORMANT'S HAME (Type/Print) James S. Young			RESS (Street and Number or Run as 10 A-F	al-		
ехашиес	· ///////			6633 Old Ale	To Dogge	PG TY	Clinton Md
	IMMEDIATE CAUSE (Finel	or complications that cause ire. List only one cause on a				_	
or other traumant event, the medical	shock, or heart fallu	a. DUE TO (OH AS A				_	t, Approximate interval Betw
MEDICAL CERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A OUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A) OUE TO (OR A OUE TO (OR A OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OUE TO (OR A) OUE	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	luvery Level Sevel male pre	in Part I. 24a. WAS	_	t, Approximate interval Betw
MEDICAL CERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condi	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF)	e underlying cause given	In Part I. 24e. WAS PER 1 YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU- OF DEATH?
, or item 23 shows any injury, or other traumant evem, the medical HYSICIAN: MEDICAL CERTIFICATION	shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR A) DUE TO (OR A) DUE TO (OR AS A DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in the	e underlying cause given 26. PLACE OF DEATH (HER: Nursing Home 5 Residence 28c. IHJURY AT WORK?	In Part I. 24e. WAS PER 1 YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIND AMALABLE PROR TO COMPLETION OF CAU OF DEATH? 1 YES 2 HO
is marked, or item 23 shows any injury, or other traumatic event, the medical D BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 MO	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not reaulting in the patient 3 DOA 4 DOA 4 DOA 1 DOA	e underlying cause given 26. PLACE OF DEATH HER: Nursing Home 5 Residence 28c. IHJURY AT WORK? 1 YES 2 HO	In Part I. 24a. WAS PER 1 YES Check only one) 28d. DESCRIBE HO	AN AUTOPSY FORNED? 3 2 J NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 HO
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS	partient 3 DOA OT A DOOR TINJURY Y — At home, farm, street wiedge, death occurred at	26. PLACE OF DEATH HER: Nursing Home 5 Residence 1 Yes 2 HO 1, factory, office	In Part I. 24a. WAS PER 1 YES Check only one) 28d. DESCRIBE HO 28d. DESCRI	AN AUTOPSY FORMED? 3 2 NO W IHJURY OCCUP ment and Number or ane)	24b. WERE AUTOPSY FIND AMALABLE PROR TO COMPLETION OF CAU OF DEATH? 1 YES 2 HO
28 is marked, or item 23 shows any injury, or other traumatic event, the medical TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS	partient 3 DOA OT A DOOR TINJURY Y — At home, farm, street wiedge, death occurred at	26. PLACE OF DEATH HER: Nursing Home 5 Residence 1 Yes 2 HO 1, factory, office	In Part I. 24a. WAS PER 1 YES Check only one) 28d. DESCRIBE HO 28f. LOCATION (Sm. City or Town, Sinua to the cause(a) and the time, data and place	AN AUTOPSY FORMED? 3 2 D NO W IHJURY OCCUI	24b. WERE AUTOPSY FIND AMALABLE PROR TO COMPLETION OF CAU OF DEATH? 1 YES 2 HO



FOR STATE REGISTRAR

MARIA

1. DECEDENT'S NAME (First, Middle, Last)

DOUMLD G. WRIGHT,

APR 1 - '91

31. DATE FILED (Month, Day, Year)

JOHN

	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER		IF UNDER			OF BIRTH	- 2	6. BIRTNPL	CE (State or Foreign
Ŧ,	577-84-799	91	1 🗆 M 2 🖵 F	33	YRS.	MONTHS	DAYS	HOURS	MIN.		21.	L957	6. BIRTINPLACE (State or Foreign Country) 7. Wash., DC 1. COUNTY OF DEATN MONTGOMERY CO.	
E E	90. FACILITY NAME (If not I	institution, give s						SPRI		ATN				
8	RESIDENCE OF DE	CEDENT								_				
DIRECTOR	Maryland Montgomery					10c. CITY, TOWN OR LOCATION Silver Spring						1	d. INSIDE CITY LIMITS? YES 2 NO	
岩	10e. STREET AND NUMBER	ì					101	. ZIP CODI	E			10g. CITIZ	EN OF WHA	COUNTRY?
ER	8201 16th	Street	Apt. 9	915				209	10			USA	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div	Married	12. WAS DECEDE FORCES?	NT EVER IN U.S	NO NO		If yes, sp	ecify Cube	n, Mexica	n, Puerto F	? (Specify Nican, etc.)	fee or No—	14. RACE — Black, W Specify:	American Indian, hite, etc. White
COMPLETED		CEDENT'S EDU nly highest grade (0-12)			(Give kind of life. Do NOT u	work done			ng	16b.	KIND OF E	USINESS/INDU	STRY	
鱼	12			I	Tunds I	Exped	iter	2		В	anki	ng		
ŏ.	17. FATHER'S NAME (First, I	Middle, Last)						18. MOTI	NER'S NA	ME (First, A	fiddle, Maid	en Surname)		_
w II	John Yease	emis_						Le	geri	Par	aske	7a		
8	19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street a	and Number	or Rural F	Route Numb	er, City or 1	bwn, Stata, Zip	Code)	
임	Jason Yeas	semis			14905	Vil	lage	Gat	e Dr	ive.	Sil	er Spi	ring,	MD 20906
	20e. METHOD OF DISPOSIT	TION			ACE AND DAT	E OF DISP	OSITION			DATI	7	LOCATION — C		
	1 Buriel 2 Crement	r (Specify)	loval from Stand	/ Gate	etary, cremator	y or other p	Cen	neter	× 4	-2-9	1 S:	llver S	Sprin	g. MD.
	21. SIGNATURE OF TUNE	4	of Heaven Cemetery 4-2-91 Silver Spring, MD.											
	+ KILLAN KINAVA				Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, N									
	IMMEDIATE CAUSE of disease or condition	feert fallure.	complications th	iuse on eech	ilna.			oda of dy	ing, auc	h as cerd	liec or red	opiratory arre	est,	Approximate Interval Batwe Onset and Dea
	resulting in deeth)	,	DUE TO	O (OR AS A CO	ONSEQUENCE (DF):	pen .							
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
- 13	PART II. Other aignific	ant condition	ns contributing t	ibuting to deeth but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOP PERFORMED?						ERE AUTOPSY FINDING				
THE COLONE											1 TYES	2 NO	O	OMPLETION OF CAUSE F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED		26. PLACE OF DEATN (Check only one)											
Sic	1 X YES 2 □ NO					OTHE 4 Nu	HER: Nursing Nome 5 Residence 8 Other (Specify)							
	27. MANNER OF DEATN 1 Netural 5	28e. DATE C		28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCU				URED						
TED BY	2 Accident 3 Suicide 6 Homicide	Could not be datermined	28e. PLACE building	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							e Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ea stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner ea state										nd manner ee stated.			
BE CO	296. SIGNATURE AND TITE	E OF CERTIFIE						29c. LIC	ENSE NUI	MBER		29d. DATE		onth, Day, Year)
2	30. NAME AND ADDRESS				(ITEM 27) /5ee	e Print)		J. (-	_	. 00	, , ,	

32. BEGISTRAR'S SIGNATURE

Gulia Davidson Randolle

CERTIFICATE OF DEATH

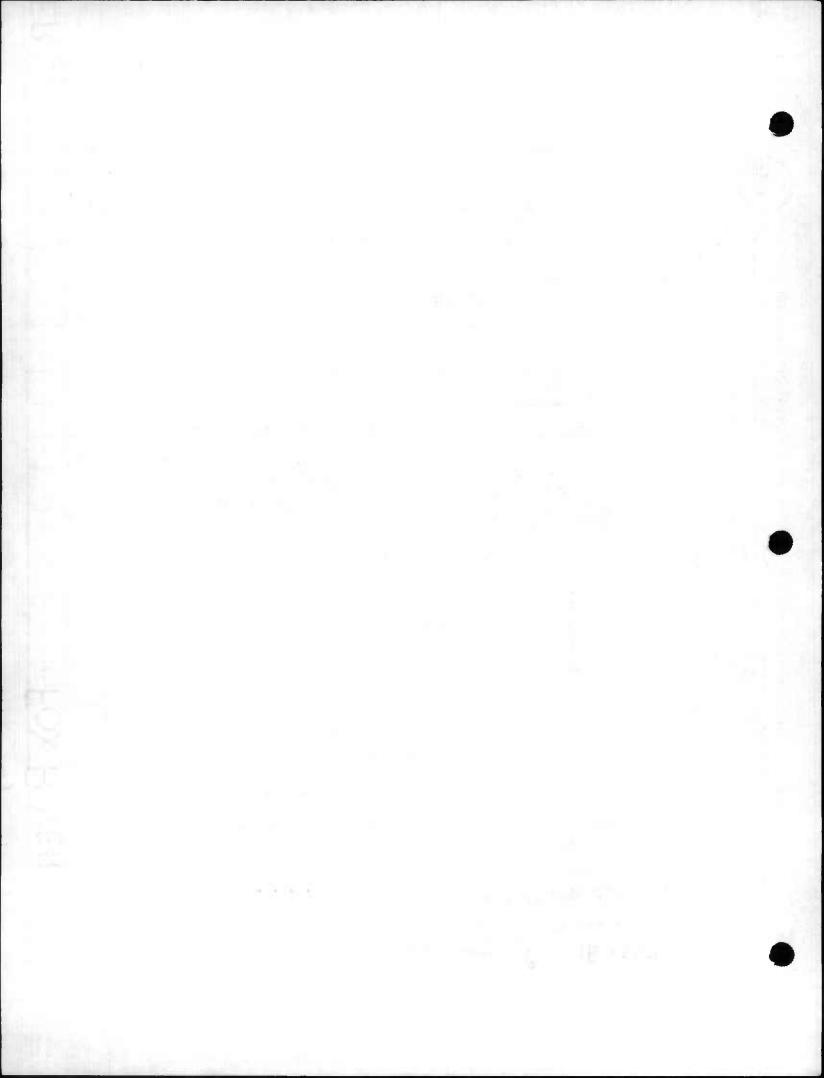
YEASEMIS

MD DCME 111 PENN STREET, BALTIMORE, MARYLAND 21201

03

09894 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF OEATN 3. TIME OF DEATN 29 91 5:43 A M 8. BIRTNPLACE (State or Foreign Country) 7. DATE OF BIRTN (Month, Day, Year) Wash., DC MONTGOMERY CO. 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA or No- 14. RACE — American Indian, Black, White, etc. Specify: White SINESS/INDUSTRY n. Stata. Zio Code) er Spring, MD 20906 CATION - City or Town, State Lver Spring, MD. Home e, Silver Spring, iratory arrest, Approximate Interval Batween **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE AUTOPSY □ NO OF DEATH? 1 | YES 2 | NO INJURY OCCURED end Number or Rural Route Number,

ONMN-18 Rev 1/89

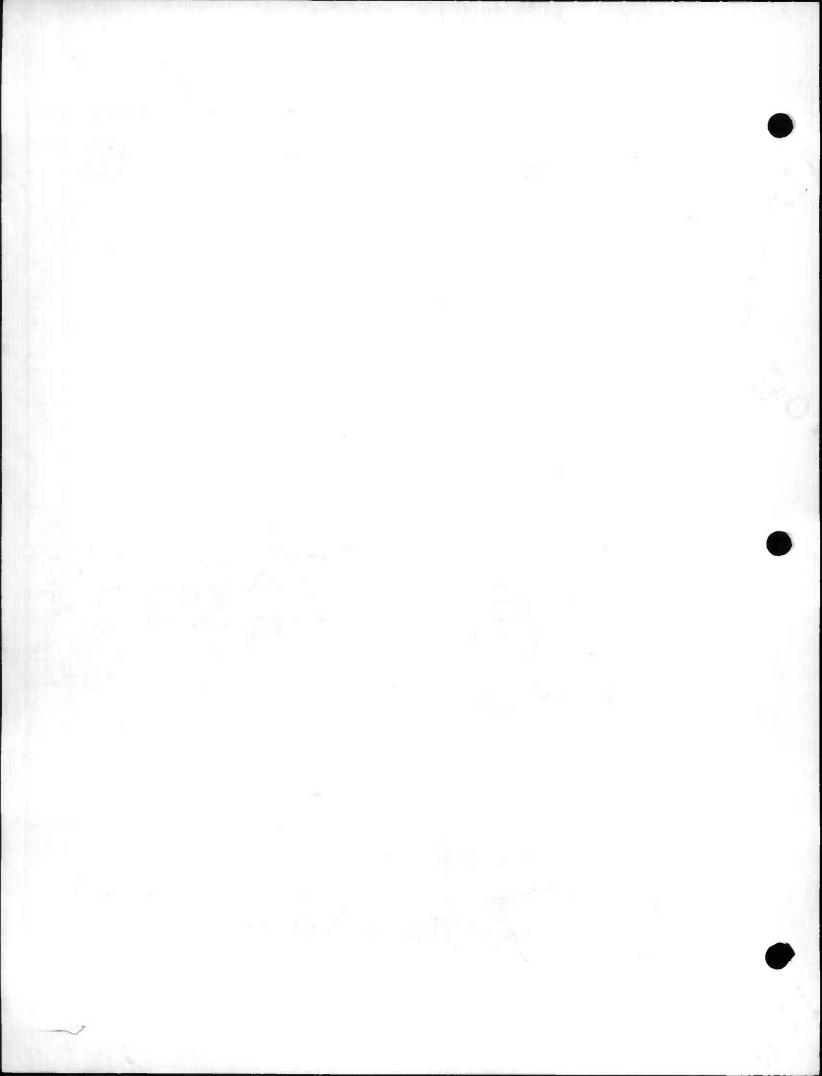


APR 03 91

	FOR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIFA	9 1 E	07073
-	1 - STATE REGISTRAR	OIAIL OI MAITE			F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Mode, Last)		23			2. DATE OF DEATH MONTH	W Y	3. TIME OF DEATH
1	Harold Emme	of the control of the	Zies			CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	, 1991	a
(P)	4. SOCIAL SECURITY NUMBER 219-14-9679	1XXW I □ F	70 Yes.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Annual Control of the		BIRTHPLACE (Sum or Forward Country) Maryland
10 A	Washington County			Hagers	LOWI	ATH		ington
L Page 1, 2, 3 DIRECTOR	10s. STATE 10s. COUNTY		1000	ry, town on Loc ncock	CATION			104. BYSIDE CITY LIMITE? 1 TYPE 2 NO
nett perm	13408 Porters Lai	ne	000 10.65		21750		USA	OF WHAT COUNTRY?
ing physician. The burial-transit BY FUNER	11. MANITAL STATUS 1 Mever Married 2 X Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	1XX100	If yes,	RECENDENT OF HISPAN apacity Cuben, Mexica (ES 2X) NO Specific		m or No — 14	RACE — American Indian, Black, White, etc. Specify: White
to use as	15. DECEDENT'S EDUC (Specify only highest grade Etensentacy/Secondary (0-12)	CATION completed College (1-4 or 5 +)	Ms. De MOT s	work done during me retired.)		Mb. KIND OF BU		
descried to gines. COMPL	12		Labor	er	1			lass-Sand
新 報 W	Hayes Zies				Floren	ce Bishop		
5 should finatified TO B	18a, IMFORMANT'S NAME (Type/Prox)		100000000000000000000000000000000000000			Route Mumber City or To		
2 8 2	Marietta Zies	T,	- Control of the Cont		's Lane H	ancock. Mc		750 y or Town, State
E TOC 1	208, METHOD OF DISPOSITION 1 & Burist 2 C Cremation 3 C Number 4 C Donation 8 C Other (Specify)	ovel from State	t.Olivet	72	7.5	100		Md. 21750
B. E	21. SIGNAPORE OF FORERAL SERVICE LIC		IC.OLLVCC	- Contract of the Contract of	AND ADDRESS OF PA	CILITY	-	
funeral of funeral of examiner		1 Page	44000	11/1		Grove I		and the same of
- T III	- auc	7	of the death file	The second second	CHARGE THOSA ACCORDINATE AND ACCORDINATE	reet Hanco	The second secon	
ours after 6 in by th or nember medical	23. PART I. Enter the diseases, or o shock, or heart failure.			not enter the	mode of dyings and	on as cardiac of res	peratory arres	Interval Bety
Si no man	IMMEDIATE CAUSE (Final disease or condition		1	0 - 0	1) V	-()	Ogset and D
A may	resulting in death)	5	A COMMENCE	E SA	T	2 to	sper	no
Al, cr		0 101 01 200	y commissioner	OP):	100	J-07	1/2	1. R-S-
rior to buri	Sequentially list conditions,	DISTRICTION AS	A CONSEQUENCE	OFI:	~~~	MA	9-	ne ja
mending physician and other hydron prior to buring a other traumatic	If any, leading to immediate cause. Enter UNDERLYING	W. I	1 -	-	The	Obt	and h	- 10-6
FIG Mer DI	CAUSE (Disease or Injury that initiated events	BUE TO JOH AS	CONSCOURNCE	OF):	OA	J 000	0.0	The l
B B B	resulting in death) LAST	1 Lot	de	- ~	ell	The same		Day.
- 6 10 7		a contributing to doub	Mark constitut	In the confeet	Maria anima abusa la	But I I are way	at at modern	Total write autonous and
by the	(Z D sometiment	ns contributing to death	Con reasoning	I m me moen	ying cause given in	PERM	DRMED?	AMALABLE PRIOR TO COMPLETION OF CA
1 1 4 4 5	The state of the s	0 10		0		1 D YES	2 [] NO	OF DEATH?
2 2 2 ≥	- 11	my	9					1 TEE 2 N
2 8 8 E								
祖音集 〇	25. WAS CASE REFERRED O MEDICAL EXAMINER?	HOSPITAL:		OTHER:	L PLACE OF GEATH (C	heat only one)		
Per St		1 Impettent 2 I EFVO			Home 5 - Residence			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year	y 186, T	NJURY	WORK?	20st. DESCRIBE HOW	A IMPORTA OCCU	meo
		and the same and the same			YES 2 NO			
5 4 6 6 6	B. C. British & Co.	29e. PLACE OF INJER building, etc. (S)	RY — At home, farm pecify)	, atreet, factory, o	office	City or Town, Sta	et and Number of tel)	Frium Houte Number
# # B E W	29s. CERTIFIER + CERTIFYING PHYS	ICIAN: To the best of my kind	owindow death cons	ared at the time	data and place, and di	se to the cause/at and a	neoner en stete	4.
필 크라= >	one) 2 MEDICAL EXAMPLE							cause(x) and manner as sta
- N - F - M-	III 796 GICHATURE/MAD ZZT E OF SERTIME	_ /			29c. LICENSE N			SIGNED (Month: Day: Year)
물 물질 중 점		(1					b. 2	-89
5 5 2 ₹ 5	SO WARDS AND ADDRESS OF PERSON WY	TO COMBINED CHIEF OF						21740

DHMH-16 Rev 1/89

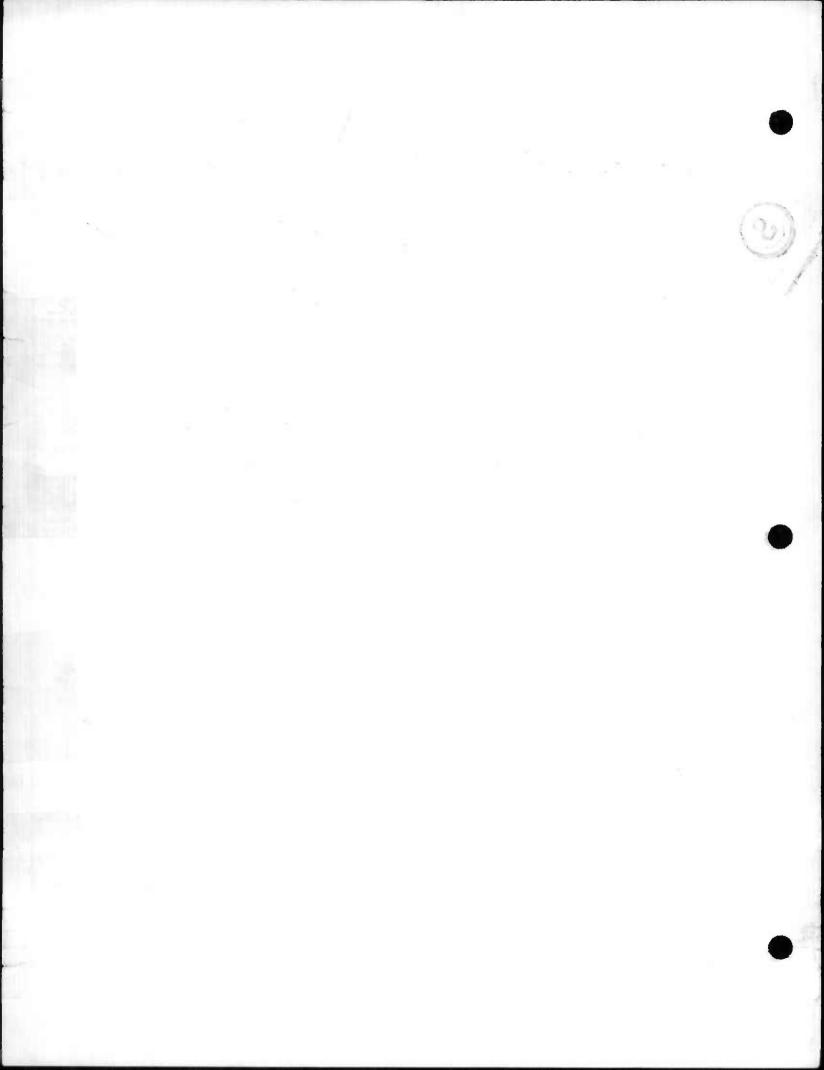
323 W.Memorial Blvd.Hagerstown,Md



BALTIMORE, MARYLAND 21203-3	ours after death. Page 6 may be intained by the hospital or attendit	filled in by the funeral director, page 5 should be detached for use as 9 ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, duty sites family be mained by the heapest or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

١.	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1.	DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
	Tamas Ahrah	am	ANSWETT 10 DAY

	1. DECEDENT'S NAME (First, Middle, Last) James Abrahar	m	2. DATE MONT AD I	A DATE OF DEATH A DAY 1991 YEAR 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER S.	t birthday) IF UNC	rthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			OF BIRTH		3:35 P M HPLACE (State_or Foreign			
	A CONTRACTOR OF THE CONTRACTOR		MONTHS DAYS HOURS MIN.			h, Day, Year)	Coun	(IV)			
4	9a. FACILITY NAME (If not institution, give street	217-09-71971 1BM20F 75					18/19	1111			
OR	Maryland Genera		96. COUNTY OF DEATH Baltimore City								
ן ק	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10- CITY TOWN	CITY, TOWN OR LOCATION / 10d. INSIDE CITY							
DIRECTOR	M	loc. CITY, TOWN	341	40.			LIMITE?				
FUNERAL	10a. STREET AND NUMBER Car	rolten A.	re.	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?							
BY FUN	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	IMED 1									
COMPLETED	(Specify only highest grade con	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4 or 5+) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of werking life. Do NQI use refined.). 16b. KIND OF BUSINESS/INDUSTRY									
₽ B	117/		1 LEV	ire	Contraction of the Contraction o						
	17. HATHER'S NAME (First, Middle, Last)				18. MOTNER'S	NAME (First,	Middle, Maiden Sui	mame)			
TO BE	198. INFORMANT'S NAME (Type/Prigt)	010/1/100	b. MAILING ADDR	ESS (Street I	and Number or R	ural Route Nun	nber, City or Town, S	State, Zip Code)	21501		
	20a. METHOO OF DISPOSITION 1 Burlel 2 Cremetton 3 Remove		OF DISPOSITION	(Name of ce	metery, crematory	or	20c. LOCA	TION — City or	Town, State		
	4 Donetion 8 Other (Specify)	4 Donellon 8 Other (Specify) MEAN CLANELING CENTRALIS / POCK									
	22. NAME AND ADDRESS OF FACILITY 16 39 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, Approximate										
	shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) Apparia Prain Damago										
	disease or condition Anoxic Brain Damage resulting in desth) Due to (or as a consequence of):										
7		Renal Failure									
ATIO	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
CEH	d										
MEDICAL	PART II. Other significent conditions of	resulting in the	ig in the underlying cause given in Part i.			24a. WAS AN AUTOPSY PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
_									1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)										
SICI	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
PHYSICIAN:	27. MANNER OF DEATN 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?							d. OEŞCRIBE NOW INJURY OCCURED			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	M 1 YES 2 NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ETE	4 Homicide determined										
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	a adal	- 4 >	29c. LICENSE NUMBER 29d. DATE BIGNED (
0	Elias in gizta MD ► April 10, 1991										
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) E. Gizaw, M.D. c/o Maryland General Hospital										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	APR 1 2 1991 Guhia Davidson-Randale										



HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL OR ATTENDING PHYSICIAN: The I	NAL DIRECTOR: After this certificate has	death wi	If item 28 is marked, or item 2
TO THE HOSP	TO THE FUNE!	be filed within 72 hours after	IMPORTANT

1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	TUALE	OF	DEAL	П	REG. 2. DATE OF DEAT		VEAR	3. TIME OF DEATH
	Gregory	/ A.	Berr	У					8 199	91	
social security number 214-72-8246	5. SEX		. lest birthday) YRS.	# UNDER 1	YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH		_	Md or Foreign
2821 Baker Stre		-		вь. спту, т Ва1			ON OF DE	АТН	9c. COI	UNTY OF DEA	АТН
100. COUNT	Υ			altimo		ION					IOd. INSIDE CITY LIMITS? XYES 2 NO
2831 Baker Street					101	212				JSA	IAT COUNTRY?
11. MARITAL STATUS 11. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	T EVER IN U.S YES 2 WAR OR DATES	ARMED NO	If	yes, sp		n, Maxica	ilC ORIGIN? (Specif n, Puerto Rican, atc //		14. RACE - Black, Specify.	- American Indian, White, etc. : Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th			Give kind of life. Do NOT u	work done du	CUPATIO uring mo	on at of worldn	ng	16b. KIND OF	BUSINESS/IN	IDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Frank Berry			100			18. MOTH		ME (First, Middle, Me HOff	iden Surname)		
19a. INFORMANT'S NAME (Type/Print) Cora L. oliver			and the second					Poute Number, City o		(ip Code)	
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)			OUTUS ME	mortal	Par	k		41291 A	rbutus,		n, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1201		22. N	Ма		F/H	West			
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)			lina.	not antar t	tha mo	de of dy	ing, auc	h aa cardiac or i	espiratory a	rrest,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CO	nega nsequence o	OVIV	^u j	5	Ret	initis			3 mos
PART II. Other significant condition	d.	death but r	not resulting	In the unc	derlyin	g cause (given in	PE	S AN AUTOPSY REORMED? ES 2 NO		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)			
1 TYES 2 TNO 27. MANNER OF DEATH			28b. TH		28c. INJ WC			6 Other (Specify 28d, DESCRIBE H		CCURED	
1 Natural 5 Pending		OF INJURY -	At home, farm,	street, facto	ory, offic	•		281, LOCATION (S City or Town,		er or Rural Ro	oute Number,
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE building	, atc. (Specify)				_					
2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHY:	building	, atc. (Specify) f my knowledg									and manner as stated.
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	building SICIAN: To the best of	f my knowledg	d/or investigation.	lon, in my op		leath occu		time, data and plac	e, and due to	the cause(a)	and manner as stated.

DHMH-15 Rev 1/89

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OLI	TIFICATE OF	DEAIR	REG. NO).	3. TIME OF DEATH
	PHILIP BRAXTON				APRTI. 7	. 1991	AR
$\overline{}$	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. last bir		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	7	BIRTHPLACE (State or Fore
h)	214-14-4618 12-12-12	1 69	YRS. MONTHS DAYS	HOURS MIN.	2-3-6	2 6	Alla mo
17	9e. FACILITY NAME (If not institution, give street end number	n	96. CITY, TOWN C	R LOCATION OF DE	ATT.	9c. COUNTY	OF DEATH
TP.	THE JOHNS HOPKINS HOSPI	TAL	BALTIMO	DRE C	19	RALTIN	MORE CITY
H	10b. COUNTY	10	oc. CITY, TOWN OR LOCAT	TION	0		10d. INSIDE CITY
LD	to Street and Number		12/4/11	ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
ERA	2560 Nobb	5%		21218		11.	S.A.
FUNERAL	11. MARITAL STATUS 12. WAS OEC	EDENT EVER IN U.S. ARMED			IIC ORIGIN? (Specify Ye	s or No- 14.	RACE — American Indian. Black, Whits, etc.
BY F		IVE WAR OR DATES	1 TES	2 NO Specif	n, Puerto Rican, atc.)		SPAL 1
ED E	15, OECEDENT'S EDUCATION		PENT'S USUAL OCCUPATION		16b. KIND OF BU	ISINESS/INDUST	RY PY
Щ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	Illn. Do	and of work done during mo NOT use retired.)	st of working			
0							
	17. FATHER'S NAME (First, Middle, Last)	Axton		18. MOTHER'S NA	ME (First, Middle, Maide	Sumame)	
8	19a. INFORMANT'S NAME (Type/Print)		AILING ADDRESS (Street a	and Number or Rural	Route Nurgiger, City or Tox	vn, State, Zip Coo	5000
	Mrs. Florine Be	AXON 2	560 Roi	56 ST	BATTO	mo	1218
	20e. METHOD OF OISPOSITION 1 # Burlet 2 Cremation 3 Removal from State	metary, cre	O OATE OF DISPOSITION	(Name	DATE 200. LG	GATION - City	oy Town, State
	4 □ Donation 5 □ Other (Specify)	GAVY	ison For	PSTING CG	e /12/0	ALO.	Co, The
	21. Signature of Functive Service Scenare	2	205	eph	2135 1-1	Nerr	Home
	23. PART/I. Enter the diseases, or complication	use	1 4 5 5	A 111. 11.	with all	DAIN	my 217/1
		a that agreed the death	Do not enter the me	de el dules	THE FIOCE	181110	1//2001 47
	shock, or heart failure. List only one	that coused the death couse on each line.	. Do not enter the mo	ode of dying, aud	h as cerdiec or reap	piratory arrest	interval Bet
	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel	ceuse on each lina.					interval Bet
	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel	that coused the death couse on each lina.					interval Bet
	immediate cause (Finel disease or condition resulting in death)	Progressi	Ve Fen		h as cerdiec or responses		interval Bet
	immediate cause (Finel disease or condition resulting in death)	e couse on each lina.	Ve Fen				interval Bet
CATION	shock, or heart failure. List only one immeDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Progressi	Ve Fen				interval Bet
ERTIFICATION	shock, or heart failure. List only one immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DE TO (OR AS A CONSEQUE	Ve Fen				Approximatinterval Bet Onset and 1
L CERTIFICATION	shock, or heart failure. List only one immeDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DE TO (OR AS A CONSEQUE	NCE OF): NCE OF):	I di	Part I. 24a. WAS AI	N AUTOPSY	FOR STATE OF
NCAL CERTIFICATION	shock, or heart failure. List only one immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributions.	TO OF AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE	NCE OF): NCE OF):	di.	Part I. 24a. WAS AI	N AUTOPSY PRMED?	30 ys
NCAL CERTIFICATION	shock, or heart failure. List only one immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributions.	DE TO (OR AS A CONSEQUE	NCE OF): INCE OF): Alting in the underlyin	di.	Part I. 24a. WAS AI PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?
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SICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contribution 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE TO (OR AS A CONSEQUE	NCE OF): NCE OF): NCE OF): A chromination of the underlyin of the under	g couse given in	Part I. 24a. WAS AI PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?
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HYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing Li Unit Cause (Mc) 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatien 27. MANNER OF OEATH 1 Netural 5 Pending 1 Accident Investigation	TE TO (OR AS A CONSEQUE TO (OR	NCE OF): NCE OF): NCE OF): NCE OF): OTHER: A Nursing Hon SB. TIME OF NJURY M 1	g ceuse given in LACE OF DEATH (CI TOTAL	Part I. 24a. WAS AI PENPO 1 YES eck only one)	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing Li USE 2 NO 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatien 27. MANNER OF DEATH 28e. DA (MC (MC) 26e. PL bull	TE TO (OR AS A CONSEQUE TO (OR	NCE OF): NCE OF): NCE OF): NCE OF): OTHER: A Nursing Hon SB. TIME OF NJURY M 1	g ceuse given in LACE OF DEATH (CI TOTAL	Part I. 24a. WAS AI PENPO 1 YES eck only one)	N AUTOPSY PRINED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FIN MALLABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
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IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributin L: Under aignificent conditions d PART II. Other aignificent conditions contributing 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inparten 27. MANNER OF GEATH Netural S Pending Accident Investigation Accident Investigation Suicide Could not be Check only CERTIFYING PHYSICIAN: To the beautiful or conditions	De couse on each lina. PETO (OR AS A CONSEQUE TO (OR AS A CONSEQ	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): OTHER: 4 Nursing Hon Sb. TIME OF INJURY M 1 1 1 1 1 1 1 1 1 1	g ceuse given in C D ST LACE OF DEATH (C) THE S PRESIDENCE THE	Part I. 24a. WAS AI PERFO 2 CT. V. 1 YES Beck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end ma	N AUTOPSY PRMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contribution 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatien 27. MANNER OF DEATH 1 Natural 5 Pending 28. DA (Mc 29a. CERTIFIER Check only 29a. CERTIFIER (Check only CERTIFVING PHYSICIAN: To the bill 29a. CERTIFIER (Check only CERTIFVING PHYSICIAN: To the bill	De couse on each lina. PETO (OR AS A CONSEQUE TO (OR AS A CONSEQ	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): OTHER: 4 Nursing Hon Sb. TIME OF INJURY M 1 1 1 1 1 1 1 1 1 1	g ceuse given in LACE OF DEATH (C) THE 5 Residence FURY AT ORK? YES 2 NO THE OF T	Part I. 24a. WAS AI PERFO a CTU 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Street on the cause(e) and many of time, date and place, a	N AUTOPSY RIMED? 2 NO INJURY OCCUR I and Number or i	24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing L. L. L. L. L. L. L. L. L. L. L. L. 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatien 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident 3 Suicide 8 Could not be 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat	De couse on each lina. PETO (OR AS A CONSEQUE TO (OR AS A CONSEQ	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): OTHER: 4 Nursing Hon Sb. TIME OF INJURY M 1 1 1 1 1 1 1 1 1 1	g couse given in LACE OF DEATH (C) THE S NO THE S NO THE S NO THE S OF THE STATE OF THE STA	Part I. 24a. WAS AI PERFO a CTU 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State of to the cause(e) and must time, date and place, a MBER	N AUTOPSY RIMED? 2 NO INJURY OCCUR I and Number or i	24b. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
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AN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the	by the at	ind Ment	/ Injury,
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CIAN: Th	ertificate	the State	or item
IG PHYSI	INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	If In 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remova	INT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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09899 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HOWARD BROWN YEAR U:15 6 70 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. Jast birthday) 7. OATE OF BIRTN 8. BIRTUPLACE (State or Foreign JF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 8 1 M 2 | F 9b, CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH SECOURS DIRECTOR 707E RESIDENCE OF DECEDENT 100 CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10a. STATE 10b. COUNTY altonony FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10s. STREET AND NUMBER 101. ZIP CODE N2210 21 12. WAS OECEDENT EVER NU.S. ARMED FORCES? 1 → YES 2 ☐ NO IF YES, GIYE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. Specify: NEGRO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced W COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) BE 190, INFORMANT'S NAME (Type/Print) 19h MAILING ADDRESS (Str 2 20a. METHOD OF DISPOSITION PLACE OF DISPOSITION 4 Donation 5 Other (Specify) 21. SIMMATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, **Approximats** heart fellure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) with CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND physical 1 TYES 2 NO disor 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 24 NO sing Home 5 Residence 8 Other (Specify) 27. MANNED OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 ___ MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER DANS 29c. LICENSE NUMBER 29d. DATE SIGNED (Might, Day, Year) D/8362 10/91

washington Blud.

Balto.

21030

DMAL

31. DATE FILED (Month, Day, Year) APR 12

1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) K. DANG M.D.,

32 REGISTRAR'S SIGNATURE

700

Miller Tiller 1. - 181 Filler · no y day - n 1 1

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	i. NO.	
- (1)	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEA	NTH .	3. TIME OF OEATH
	LEONARD BROO	KS SR.				MONTO 4	09 199	1 2:25 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		B. BIRTHPLACE (State or Foreign
	239-20-3605	4 M 4 4 M =		MONTHS DAYS	HOURS MIN.	(Monto, Day Y	5-21	Country)
			69 YRS.					N.C.
	9a. FACILITY NAME (If not institution, give str			1	OR LOCATION OF DE	ATN		TY OF DEATN
ECIOR ECIOR	THE JOHNS HOPKI	NS HOSPITA	L	BALTIM	IORE		BAL	TIMORE CITY
5	RESIDENCE OF DECEDENT							
	10a. STATE 10b. COUNTY			Y, TOWN OR LOC		v		10d. INSIDE CITY V JAMITS?
5	MD		RA	LTIMOR	E, CIT	Υ		1 YES 2 NO
4	10a. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
Ž U	2706 E. FED	ERAL ST	REET	- 1	21213		1	JSA
ξ	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF NISPAN	IIC ORIGIN? (Spec		14. RACE — American Indien,
	1 Never Married 2)((Married	FORCES? 1V VY	ES 2 NO	II yes, s	pecify Cuban, Mexica	n, Puerto Rican, e		Black, White, atc.
0	3 Widowed 4 Divorced		RMY	T U YE	S 2 NO Specify	/:		Specify: BLACK
2	15. DECEDENT'S EOUC		16a. DECEDENT'S	USUAL OCCUPAT	ION	16h KIND (OF BUSINESS/INDU	
	(Specify only highest grade of	completed)	(Give kind of life. Do NOT u	work done during n	nost of working			
١۶	Elementary/Secondary (0-12)	College (1-4 or 8 +)		OPERAT	OR	IN	TERNI.	PAPERS
Ē	17. FATNER'S NAME (First, Middle, Lest)		TRESS	OT ERM				1711 2110
3					18. MOTNER'S NA		AWSON	
1	MAJOR BROOKS	•			ODE	LIA L	AMSUN	
5	19a. INFORMANT'S NAME (Type/Print)	0.011.0			end Number or Rural I			
-	AMELIA A. BR	00KS	428	MHIIKI	DGE AV	E./BAL	I I MORE	, MU.
	20a, METNOD OF DISPOSITION 1 Burial 2 A Cremation 3 Remo		20b. PLACE ANO DAT			OATE 2	9c. LOCATION — C	Ity or Town, State
	1 Burial 2.A. Acremation 3 Remo	val from State	"GREENMO	UNT PIOCE	METERY	110	BALTIMO	DRE, MD.
- 1	21. SIGNATURE OF JUNERAL SERVICE-LICE	EMSEE	1/1	22. NAME	AND AODRESS OF FA	CILITY		,
	· Attun	120	Jarolly	r WM.C	. MARCH	F.H.	1101 E	. NORTH AVE.
╡	23. PART I. Enter the diseases, or	molications that car	red the death Do	21				
	shock, or haert fellure.	ist only one cause o	n each line.		out of ajing, out		trophatory arro	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	17 1	1 / /	180				Onset and Death
	resulting in death)	VENTILL	lac tacky	cardin				30 mins
		OUE TO (OR	AS A CONSEQUENCE O	PF):				
z		hunoxia						DO WILLS
AIION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSEQUENCE O	F):				
₹	cause. Enter UNDERLYING	15 Chemic	Cardionwood	athu				10 Years
Ĕ	CAUSE (Disesse or Injury that initiated events		AS A CONSEQUENCE	F):				100000
Ē	resulting in death) LAST							
		•						
9	PART II. Other significent conditions	contributing to dear	th but not resulting	In the underlyi	ng ceuse given in	Part I. 24s. Y	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
3	acute renal failur	(R) tibial	fracture				PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
3		7	11-101071			'⊔	YES 2 NO	OF DEATH?
E						—		1 NES 2 NO
2								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AOSPITAL:		OTHER:	PLACE OF OEATH (Ch	eck only one)		
2	1 TES 2 NO	Inpatient 2 - ER/	Outpatient 3 DOA		me 8 🗆 Residence	8 Other (Speci	fy)	
	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TIP	ME OF 26c. II	NJURY AT	28d. DESCRIBE	NOW INJURY OCC	URED
5	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO			
	3 Suicide 6 Could not be	26a. PLACE OF IN.	IURY — At home, farm,	street, factory, off	lce	28t, LOCATION	Street and Number	or Rural Route Number,
	4 Homicide determined	building, inc.	(Specify)			City or Town	, Siare)	
MPLEIE	29a, CERTIFIER							
1	(Check only	CIAN: To the best of my l						
3	2 MEDICAL EXAMINE	R: On the beals of examin	nation and/or investigati	on, in my opinion,	death occured at the	time, date and pi	ace, and due to the	e ceuse(s) and menner as stated.
	296. SIGNATURE AND TITLE OF PERINFIER	01			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
100	Sankord V &	(Lun MD)					D /	14/09/91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATN (ITEM 27) (Typ)	e, Print)	-		11	11 - 111
	Soutoud TG	205 MD -	Taline Haal		. Tower 1	10 %	Himory.	MI) 21705
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	NO HOSE	I James I	10,00	VIMOJ ;	CID OING
	4004	che Devidon	20	,				
- 1	APR 1 2 1991 5	- NEW MENT OF THE	Manda B2					

The DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be used to the burlal transit permit. Pages 1, 2, 3 should be used to the burlal transit permit. The medical examiner must be notified at once.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 P DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-90205/ nours after death. Page 6 may be retained by the hospital or attending physician.

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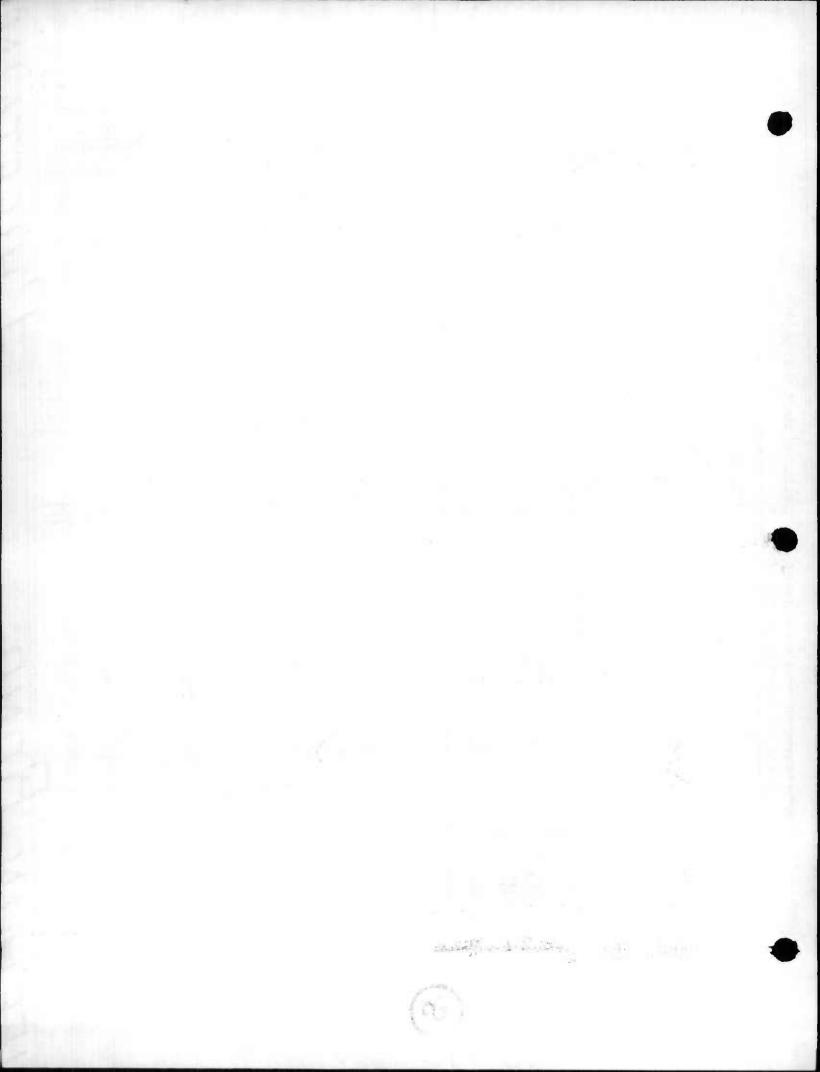
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DALIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and our after death. Page 6 may be retained by the hospital properties of the properties	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. DOA 13149,	NG PHYSII	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fiber within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cromation, or removal.	marked,
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	TO THE	TO THE be filed	IMPOR

1. DECEDENT'S NAME (First, Middle, Last) FRANK TOS	EPH AC	Frank	Joseph	Ace, Sr	MONTH 4	DAY 9	7-19	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-28-2992	MX M 2 □ F	ol yrs.	IF UNDER 1 YEAR	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) -24-1929		Country	svlvania
96. FACILITY NAME (If not institution, give a				or location of oeati		9c. COUN		more
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 69 B Seversky Cou	rt			1. ZIP COOE 21221				THAT COUNTRY? States
11. MARITAL STATUS 11. Never Married 2 Merried 2 Wildowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES	S 2 NO	if yes, sp	CENDENT OF HISPANIC pecify Cuben, Mexican, F B ZXXXNO Specify:			14. RACE	— American Indian, , White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		ilfe. Do NOT use	rk done during mo retired.)		16b. KIND OF BI			
8 17. FATHER'S NAME (First, Middle, Last)		Ch	er	16. MOTHER'S NAME		on Int	n	
John Ace				L-T				
190. INFORMANT'S NAME (Type/Print) Barbara Snitze	2]			pa Rd. B				1236
20e, METHOD OF OISPOSITION 1 Description 3 Rem 4 Donation 5 Other (Specify)	2	0b. PLACE OF DISPOSIT	TION (Name of ce	-	20c. L	OCATION — C	Ity or To	
21. SIGNATURE OF FUNERAL SERVICE LIE								, ,
23. PART I. Entey the diseases, or	2 Selina	ed the death. Do no	LILLY 1901	NO ADDRESS OF FACIL & Zeiler, Eastern Av Dode of dying, such a	Inc. Fu	timore	a. M	D 21231 Approximate
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	ed the death. Do no	LILLY 1901 It enter the me	& Zeiler, Eastern Av	Inc. Fu	timore	a. M	D 21231 Approximate Interval Between
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS)	ed the death. Do no each lina. A CONSEQUENCE OF) A CONSEQUENCE OF) B A CONSEQUENCE OF) But not resulting in A CONSEQUENCE OF) But not resulting in A CONSEQUENCE OF)	LILLY 1901 at enter the mo	& Zeiler, Eastern Ay ode of dying, auch a ing cause given in Pa clace OF DEATH (Check the 5 Residence 6 JURY AT 2 ORK? YES 2 NO	Inc. Furenue Balls cordisc or residence or r	IN AUTOPSY ORMED?	24b	Approximate Interval Betwee Onset and Das On
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined 4 Homoleide CERTIFIER (Check only	DUE TO (OR AS DUE TO (OR AS	ed the death. Do no each line. A CONSEQUENCE OF) B A CONSEQUENCE OF)	LILLY 1901 It anter the me the underlying 28. P OTHER: Nursing Hor OF 28c. IN WY M 1 reet, factory, offs	Eastern Ay ode of dying, such a ag cause given in Pa PLACE OF DEATH (Check The S Residence 6 JURY AT ORK? YES 2 NO ce 2	Inc. Further Balls a cerdisc or reserved as cerdisc or reserved as a cerdisc or reserved as	IN AUTOPSY DRIMED? 2 NO 7 INJURY OCC of and Number tel	24b 24b or Rural I	Approximate Interval Betwee Onset and Das On
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined 4 Homoleide CERTIFIER (Check only	DUE TO (OR AS DUE TO	ed the death. Do no each line. A CONSEQUENCE OF) B A CONSEQUENCE OF)	LILLY 1901 It anter the me the underlying 26. P OTHER: 1 Mursing Hor OF WY M 1 reet, factory, offi	Eastern Ay ode of dying, such a ag cause given in Pa PLACE OF DEATH (Check The S Residence 6 JURY AT ORK? YES 2 NO ce 2	Inc. Fit renue Ball s cardiac or read a cardiac	IN AUTOPSY PRINCE IN AUTOPSY PRINCE IN INJURY OCC IN and Number In and Number In and Number In and Number In and Number In and Number	24b 24b or Rural is ad.	Approximate Interval Betwee Onset and Das On





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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24ours a	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	S	
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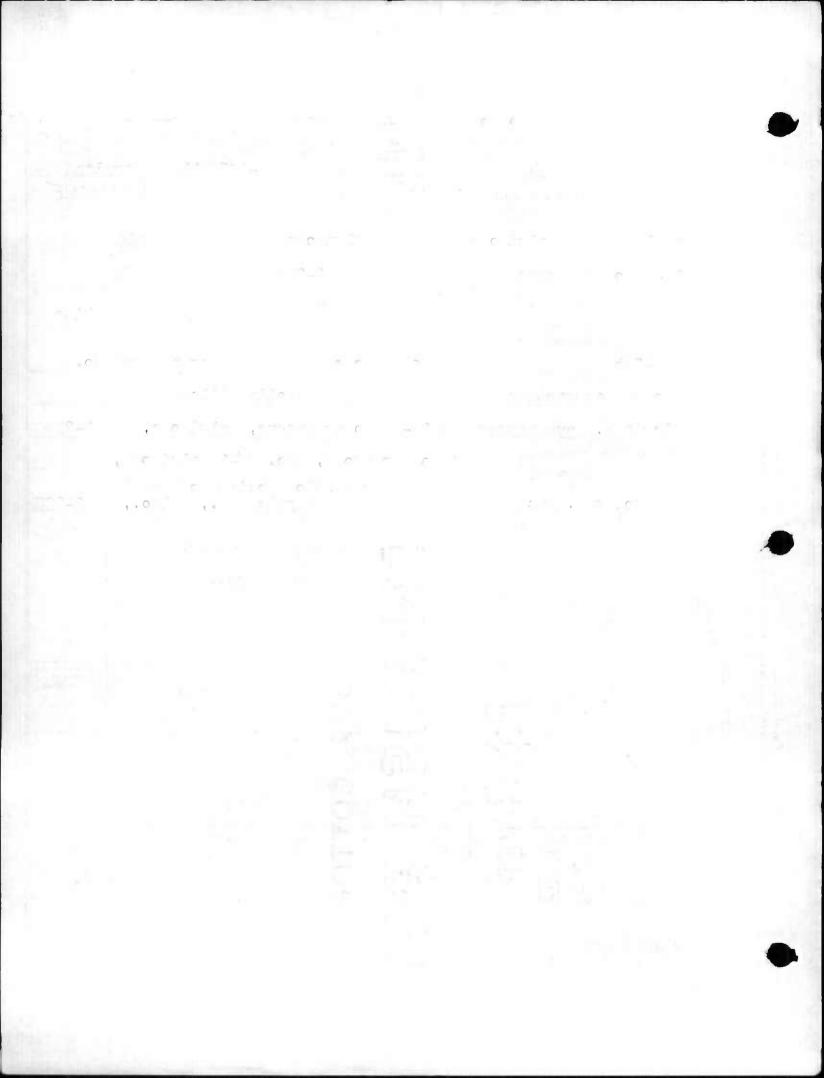
	1 - STATE REGISTRAR	STATE OF MA		/ DEPAR ERTIF					IENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	ŋ		1					MONT	OF DEATH		YEAR 3.	TIME OF DEATH
1	MARY 4. SOCIAL SECURITY NUMBER	A.	8, AGE (In yrs. le	BECKE	ER IF UNDER	4 VEAR	IF UNDER	94 MPC	7.0475	OF BIRTH		911	5 (AM)
	213-03-4076 A	1 M 2 X X F	93	YRS.	MONTHS	DAYS	HOURS	MIN.		8/25/9	7 °	Country)	imore
	9a. FACILITY NAME (If not institution, give				9b. CITY.	TOWN 0	R LOCATIO	ON OF DEA		0/23/		Y OF DEATH	
۳ ا	IINTON MEMORTA	AT HOCDIMA	r		BAT	TTM(ORE C	ידייע י			Ral:	timor	e City
<u>ל</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			la con	Y, TOWN O						Dar		
DIRECTOR	2000 (2000)	altimore C	li tv	10c. C11	117		imore	e Cii	tv			1	1. INSIDE CITY LIMITS? XYES 2 NO
	10e. STREET AND NUMBER	altimore c	rlly				ZIP CODE		- 9		10g. CITIZE		COUNTRY?
EB	3610 H	looper Aven	nue				212	211			U	.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1								Y? (Specify Yea Rican, atc.)	or No- 1	4. RACE — . Black, Wi	American Indian, hite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES		1	YES	2 000	Specify:				Specify:	White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION de completed)	0	ECEDENT'S Give kind at a le. Do NOT us	work done o	CUPATIO	N st of working	g	188	. KIND OF BUS	INESS/INDU	STRY	
P.E	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)			ical	Wor	k			Нос	pers		
No.	17. FATHER'S NAME (First, Middle, Last)							IER'S NAM	AE (First,	Middle, Maiden	Surname)		
BE C	Guy B. Be	ecker					S	arah	Hai	nes			
10 B	19a. INFORMANT'S NAME (Type/Print)		1							Baltin			and 21211
-	Hazel Frock		Low even		.4 Pa								
i	284 METHOD OF DISPOSITION The Burlel 2 Cremation 3 Re 4 Donation 5 Depth (Specify)	moval from State	other p	e of bispo bisco)St.	Mar	y S	Ceme	tery		20c. LO	CATION — CI	O N	
	21, SIGNATURE OF FURERAL SERVICE	LICENSEE	- (Hamp	vaen) \	22.	NAME AN	D ADDRES	S OF FAC	HITY F	Rurgee-	Henss	Fune	eral Home
	1 dum	B. We	nss)		3631	. Fal	ls R		Baltimo			
	23. PART I. Enter the diseases, p shock, pr heart fellur	r complications that	caused the d	leath. Do	not enter	the mo	de of dyi	ng, auch	as car	dlac or respi	retory arre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Finei				1	1"			1.1	,			Onset and Death
	disease or condition resulting in death)	a. Se	OR AS A CONS	De M	1 dra	The	ni		Hy	no tens	ion		
_		- a Pos	550 6 1	EGOLNOL G	No	Seo	SALA		, .				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSI	EQUENCE O	F):								
<u>S</u>	CAUSE (Disease or Injury	c	OR AS A CONSI	FOLIENCE O	e.								
	that initiated events resulting in death) LAST	4			. ,								
	PART ii. Other significant conditi	ione contribution to	death but not	regulting	in the un	darlyla	COURA	niven in I	Dart I	24s. WAS AN	ALITYDORY	245 WE	RE AUTOPSY FINDINGS
SA CA	Ant II. Ottor agrinoant conditi	Contained and to	Death Dat Not	resolulig	ni die dii	icon iyn i	l conse à	Jiveii iii i	rent i.	PERFOR	MED?	AW	MILABLE PRIOR TO MPLETION DF CAUSE
									_	1 YES 2	K) NO		DEATH?
PHYSICIAN: MED													3 120 9/21.10
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ek only o	ne)			
YSI	1 TYES Z NO	1 S Inpatient 2 🗆					e 5 □ Re	sidence (er (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I (Month, De		28b. TIN	HE OF JURY M		URY AT RK7 res 2	NO.	28d. DE	SCRIBE HOW I	NJURY OCCU	JRED	
B	2 Accident Investigatio	28a, PLACE OF	INJURY — At I	home, ferm,	street, fact			3 MO	28f. LO	CATION (Street a	and Number o	r Rural Route	Number,
	3 Suicide 6 Could not I 4 Homicide determined	building, e	etc. (Specify)						City	or Town, State)			
COMPLET	CONTRACTOR OF THE STATE OF THE	YSICIAN: To the best of r	my knowledge, o	death occur	red at the t	lme, date	and place,	, and due	to the ca	use(a) and mer	nor se atatec	d.	
Š	one) 2 MEDICAL EXAM	INER: On the basis of ax	amination and/o	r Investigati	on, in my o	pinion, d	eath occur	red at the	time, dat	e and place, an	d due to the	cause(a) an	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	TER		D 7	lant	-	29c, LICE	ENSE NUM	BER		29d. DATE	111	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CATE	E OF DEATH #T	Inchia.	GD VI						7	110	7/
	MY Blak	es le e	200	_m = 1 } (19)JI	a i maj								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE	0		35							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within AC flows after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 . 2, 3 should	State Dept. of Health and Mer	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked,

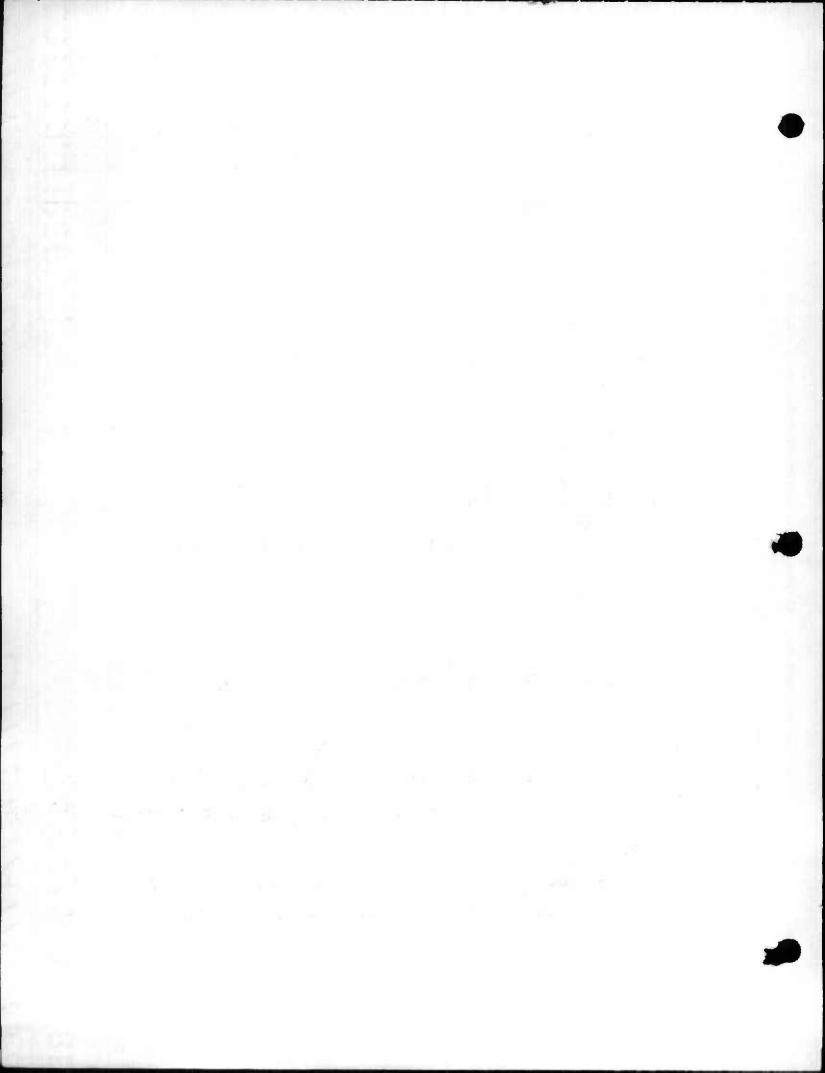
FOR 1 - STATE REGISTRAR		CERTIFICA	NT OF HEALTH AND	MENTAL HYGIEN	E J	COSSOS
1. DECEDENT'S NAME (First, Middle, L BAUMGA	2T NER rdong	ienry D ^B au	mgartner	2. DATE OF DEATH OF DA	1/91/2	7. 30 Am
4. SOCIAL SECURITY NUMBER	6 1×1×2 = 6	9 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 10/26/22	S W	orthplace (State or Foreign and)
9a. FACILITY NAME (If not institution, GOOD SAN	MARITAN H	05.P1×1 96.	BALTIMOR		BAL	TIMORE
10a. STATE 10b. CO		1541	vn on Location Baltimore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2813 Jomat A	wenne	•	101. ZIP CODE 21234			F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2X NO Specify	an, Puarto Rican, atc.)	or No — 14. R	CE — American Indian, ack, White, etc. White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		Ille. Do NOT use retir	one during most of working ed.)	16b. KIND OF BUS		
12th 17. FATHER'S NAME (First, Middle, Las	<u> </u>	Meat P	18. MOTHER'S NA	AME (First, Middle, Maiden		at 00.
Henry Baume	gartner	405 14411 1910 4000	Amel	ia Mille:		
Gloria V. Ba	aumgartner		Jomat Avenu			
20s. METHOD OF DISPOSITION 1	Ramoval from Stata	PLACE AND DATE OF I	nisposition (Name atory, Inc.	4/12 Ba		
21. SIGNATURE OF FUNERAL SERVE	SCICENSE MA		22. NAME AND ADDRESS OF F. Cremation S 299 Frederi	ociety o	f Mary	land
23. PART i. Enter the diseases ahock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARD	ach ilna.	IRATORY	APRES-	Γ.	Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Cack	CONSEQUENCE OF):	BLADDET	CANCE	R	
PART II. Other algorificant cond		ut not resulting in th	a undarlying cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC		100	28. PLACE OF DEATH (C	theck only one)		
1 YES 2 NO	NOSPITAL: 1 Inpetiant 2 ER/Outp	patient 3 DOA 4 D	HER: Nursing Home 5 - Residence	_		
27. MANNER OF DEATH Netural 5 Pending Investigs	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	_
2 Recident Investigat 3 Suicide 6 Could not determine	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	, factory, office	281. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
(Critical Orliny	PHYSICIAN: To the best of my know					se(a) and menner as stated.
29b. SIGNATURE AND TITLE OF	res	2 House OFF	ICER	JMBER	29d. DATE SIG	4/11/91
30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year) APR 1 2 1991	res	OFF ATH (ITEM 27) (Type, Print LATURE	ICER		> 0	4/11/91



OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within propriat. Finds after death. Page 6 may be retained by the hospital or attending physician.	eath. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	caminer must be notified at once.

=	FOR STATE OF MARYLAND 1 - REGISTRAR	/ DEPARTMEN			MENTAL HYGIE				
	1. OECEDENT'S NAME (First, Middle, Last) TAMES BIAYS BOW	ERMAN)		2. DATE OF OEATH	DAY 9 9		ME OF OEATH	
	213-05-7889 1□ 2□ 5 83	8 3 YRS. Solution of the state					Country) Mai	E (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street and number) 11017 Bowerman Road BESIDENCE OF DECEDENT	9b. CIT		ite Ma		111111111111111111111111111111111111111	of DEATH	more	
DIRECTOR	100. STATE 10b. COUNTY Md. Baltimore	10c. CITY, TOWN		n e Marsl	n		tod. INSIDE CITY LIMITS? 1 YES 24 NO		
FUNERAL	100. STREET AND NUMBER 11017 Bowerman Road		101. 2	21162	2		N OF WHAT O	COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECECENT EVER IN U.S. A FORCES? 12 YES 2 IF YES, GIVE WAR OR DATES		II yes, speci		IC ORIGIN? (Specify n, Puerto Rican, etc.)	Yaa or No- 14	o- 14. RACE - American Indian, Black, White, etc. Specify: White		
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	OECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.) Electr	during most)	of working	16b. KIND OF I	BUSINESS/INOUS	ITRY		
MO	12+h 17. FATHER'S NAME (First, Middle, Last)	220001	· · · · · · · · · · · · · · · · · · ·		ME (First, Middle, Malo	len Sumame)			
BE C	Henry Bowerman			Jane	Shanr	non			
10		19b. MAILING ADDRES							
	Charlsie Klapka				Road BAI	timor			
	1 X Burdal 2 Commettee 2 Bemount from State Office	k lawn	Cemet			Balti			
	Consully Fundal H	P 1				ne300M	AceAv	e.21221	
	23. PART I. Enter the diseased or complications that caused the shock, or heart fedure. List only one cause on each il IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a constitution of the consti	ne.					it.	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST								
BY PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but no thoracic	cool for	underlying	cause given in	PER	AN AUTOPSY FORMED? 3 2 NO	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE BEATH? YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 N		CE OF DEATH (Ch	eck only one) 6 Other (Specify)			1	
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY M	26c. INJU WOR 1 YE	K?	Self-in	heted a	hotor	m wond	
	38 Suicide 6 Could not be determined 280. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) Home 281. Country (Specify) Rovers and Number of Florida Roll Roll Roll Roll Roll Roll Roll Rol								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the bests of examination and								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER T. C. DOWN			DO 7	632	29d. DATE	SIGNED (Mon	th, Day, Year) -91	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DUND	ALK	AVE.	BAL	ro., M	b	21222	
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	E			,			400	



TO BE COMPLETED BY FUNERAL DIRECTOR

PITAL OR ATTENDING PHYS
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liled in by the funeral director, page 5 should be detached for use as the bunal-transin permit. Pages 1, 2, 3 should
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

_ SIAIL	STATE OF MARYL	AND / DEPARTN	MENT OF HEAL	H AND MEN	ITAL HYGIEN	91	ngans
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DE		REG. NO.		00000
					DATE OF DEATH		
LUCILLE M. CLAIB((In yrs. last birthday) IF	UNDER 1 YEAR IF UN	DER 24 HRS. 7, 0	04 08	1991	IRTHPLACE (State or Foreign
218-18-3785	□ M 2 💢 F	70 YRS. MO	NTHS DAYS HOUF	MIN.	5-24-1920	C	ountry) Md
De. FACILITY NAME (If not institution, give street			. CITY, TOWN OR LOC	ATION OF DEATH		9c. COUNTY	OF DEATH
THE JOHNS HOPKINS	S HOSPITAL	4	BALTIMOR	E		BALTI	MORE CITY
00. STATE 10b. COUNTY	-	10c. CITY, T Balti	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
1806 W. Saratoga Stree	et		10f. ZIP C	ODE 21223			OF WHAT COUNTRY?
	. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		uben, Mexicen, Pu	RIOIN? (Specify Yes serto Rican, etc.)	1	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 12th		16e. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of w	orking	G. C. Mu		RY
17. FATHER'S NAME (First, Middle, Last) Joseph H. Jackson					First, Middle, Melden On Jacksol		
Thomas B. Claiborne			Saratoga S				0)
20s. METHOD OF DISPOSITION 1 🖒 Burlal 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 5 🗀 Other (Specify)	from State	PLACE OF DISPOSITI		crematory or		e Arunde	or Town, Stata
SIGNATURE OF FUNERAL SERVICE LICENS	Eler	on	March F			-	
23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	conly one ceuse on e	SIVE					Approximata Interval Between Onset and Death
Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):					,
Ageno CAM CINONS	ontributing to death to	out not resulting in	the underlying ceu スコイルコープ	se given in Part THGE IV	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
	OSPITAL:		THER:	F DEATH (Check of			
YES 2 NO NANNER OF DEATH Netural 5 Pending Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME C		NIA 28	Other (Specify) d. DESCRIBE HOW II	NJURY OCCUR	ED
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUM building, alc. (Spe	Y — At home, farm, strendly)	et, lectory, office	28	I. LOCATION (Street of City or Town, State)	and Number or F	lural Route Number,
one)	N: To the best of my know						use(a) and manner as stated
2 MEDICAL EXAMINER: C	In the basis of examination	on end/or investigation,	in my opinion, geath c	contact at the filled	, care and place, an	d age to the ce	des(e) and member se sisted.

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DHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)
APR 1 2 1991

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be minimal hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. INL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR	STATE OF MA					EALTH AND DEATH	MENTA	L HYGIENI REG. NO.	10		
1. DECEDENT'S NAME (First, Middle, Lest) CALVIN				CR	OWEL:	r.	2. DATE MONT	OF DEATH		YEAR	3. TIME OF DEATN 3:18 p
4. SOCIAL SECURITY NUMBER 216-62-1831	1 M 2 F	L AGE (In yrs. Iad 36	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7-1	of BIRTN h, Day, Year) 9–1954		Country	Md
8 B HIAWATHA CO RESIDENCE OF DECEDENT						Mills	EATH		B.		MORE
10a. STATE 10b. COUNT				ings 1		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
8 B. Hiawatha Court					101	21117				J S A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	RMED NO		If yes, spi	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puerto		or No-	14. RACE Black Speci	- American Indian, White, etc. by: Black
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. De	ECEDENT'S Give kind of a. Do NOT u	USUAL O work done se retired.)	CCUPATIO during mos	N st of working	168	o. KIND OF BUS	INESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last) James L. Crowell						18. MOTHER'S N	Burge	SS			
Annie Crowell			8 E	3. Hia	watha	nd Number or Rurel Court C	wings	Mills,	Md	211	
20e. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 Rei 4 Donation 6 Other (Specify)	noval from State	Weste		ar Cen	etery	/	415		ngs Mi		
21. SIGNATURE OF FUNERAL SERVICE L	Marc	h		Ma	name and 1°Ch F	/H West Wabash A	aciuty Ivenue				
ahock, Dr heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. HYPER		E CI	troio PF):	Myo	PATHY				Ť	Interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events									4		
PART ii. Other significent condition	d	leeth but not	resulting	in the u	nderlyin	g ceuse given in	n Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (C	check only o	one)			
1 XYES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpetient 2 I	NJURY	28b. Til	4 □ Nu	28c. INJ WO	RK?	_	er (Specify) SCRIBE HOW II	NJURY OCC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF	ome, ferm,	M 1 YES 2 NO			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,	
anal —	SICIAN: To the best of r										s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ight MD					OCME	UMBER		29d. DAT	E SIGNED	(Month, Day, Year)
DONALD G. WRIGH	T MD DO	ME			N ST	REET BAI	LTIMO	RE,MAR	YLANI	21	201
APR 1 2 1991 9	una Devidson	S SIGNATURE									

Marin Marine Marine

attend	Se as	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as he find within 70 hours after death with the State hear of the Health and Mental Howlene brior to burial, committed, or removal.	
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death	Aental I	ury, o
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quires	n signe	OWS 3
law re	as been	23 sh
N: The	State h	Item
YSICIA	s certif	d, or
NG PH	fter thi	marke
TENDI	TOR: A	28 18
OR Al	DIREC	Item
SPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral many of hours after death with the State Deat or Health and Mental Hoplene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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5	21	IMP

APR 1 2 1991

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGII					
	1. OECEDENT'S NAME (First, Middle, Last) ROSALIE	м.	COOPER			2. DATE OF OEATH MONTH	DAY Y	EAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. lest birthdey)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, MARCH 29	, 1901	BIRTHPL	7:30 A M ACE (State or Foreign YLAND		
HO	96. FACILITY NAME (If not institution, give streem GOOD SAMARITAN RESIDENCE OF DECEMENT			9L CITY, TOWN O	MORE	EATH	9c. COUNTY	c. COUNTY OF DEATH			
UINECTOR	10e. STATE 10b. COUNTY MARYLAND -		10c. CITY	RALTIN							
FUNEHAL	1602 WALTERSWOOD	ROAD		101	21239		1.0	N OF WHA	T COUNTRY?		
à	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	If yes, sp		NIC ORIGIN? (Specify in, Puarto Rican, etc.) y:	Yes or No- 14	I. RACE — Black, W Specify:	American Indian, filte, etc. WHITE		
COMPLEIED	15. OECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) NA		16a. DECEDENT'S (Give kind of ville. Do NOT us TAIL	vork done during mo e retired.)	ON st of working	2000 34000	LOR SHO				
BE COM	17. FATHER'S NAME (First, Middle, Last) FRANK PAJER					ME (First, Middle, Mail	den Sumame)				
2	190. INFORMANT'S NAME (Type/Print) CHARLES J. COOPE	R (HUSBAND)				Route Number, City or BALTIMOR					
20a. METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) DATE 20b. PLACE AND DATE of DISPOSITION (Name of Complete Place) MOST HOLY REDEEMER CEMETERY BALTIMORE,											
	21. SIGNATURE OF FUNERAL SERVICE LICE	11- Bain	1	SCHIM	UNEK F	VERAL HOM LANE, BAL	ES, INC	·MD.	21213		
	23. PART I. Enter the diseases, or consider the disease of condition resulting in death)	Passible	the death. Do rach line.	5	de of dying, auc	ch as cardiac or re	apiratory arres	st,	Approximate interval Between Onset and Death		
CALION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	F):							
CERIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):		1					
MEDICAL	PART II. Other algolficant conditions	contributing to deeth b	ut not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMAILABLE PRICOMPLETION OF DEATH? 1 YES 2 NO OF DEATH?					
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1						A STATE OF THE STA					
						W INJURY OCCU	RED				
- 1	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	street, factory, offic	0	281. LOCATION (Str City or Town, S		Rural Rou	te Number,		
COMPLEIED	one)	AN: To the best of my know							nd manner as stated.		
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER LAUT DON	dona, M	۵.		29c. LICENSE NU	MBER	29d. DATE 8	1-01	onth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type		seitan	Hospit	id.		11,714		

124 18 1997 John Liveren of Marie

TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I DO ATTENDING DEVENTIAN. The law remires that the death certificate he mentited within 2
ISION	TYENDING
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit germit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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91-19 FOR 1 - STATE REGISTRAR	50-510	STATE OF M	MARYLAND /		TMENT O			MENTAI	HYGIEN	E	91	09908
1. DECEDENT'S NAME (First, ANTHONY	Middle, Lest)	dzinski		ı	· · · · · · · · · · · · · · · · · · ·	2.		2. DATE MONTH	OF DEATH DA	199	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMB 213-12-4107		5. SEX 1 M 2 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YE	AR IF UNI	DER 24 HRS.		OF BIRTH 1, Day, Year) 27 21			ACE (State or Foreign
9e. FACILITY NAME (If not in	stitution, give atre	et and number)			9b. CITY, TO	WN OR LOCA	TION OF DE	EATH		9c. COU	NTY OF DEA	тн
6806 EASTB	ROOK AV	VENUE			BALT	IMORE						
10a. STATE	10b. COUNTY				GOWN OR L		i tu					Od. INSIDE CITY LIMITS? XXYES 2 \(\sum \) NO
100. STREET AND NUMBER	A-					101. ZIP C				10g. CITI		AT COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 3 Wildowed 4 Divo	Married	12. WAS DECEDEN	IT EVER IN U.S. ARI I YES 2 12 N MAR OR DATES		If ye	DECENDENT s, specify Cu YES 2 2 1	ban, Mexica	n, Puarto I	I? (Specify Yea Rican, etc.)	or No—	Black.	Te - American Indian, White, etc.
	EDENT'S EDUC/ y highest grade o		(Gi	ne kind of w Do NOT us	usual occu vork done durin e retired.)	ng most of wo			ood PA			
17. FATHER'S NAME (First, M	liddle, Last)	(hodz	inski				Franc		Middle, Maiden	Surname)		
Jerome Dyba									, Md. 2			
20a, METHOD OF DISPOSIT 1 DiBurial 2 Crematic 4 Donation 5 Other	n 3 🗆 Ramo	val from Stata	20b. PLACE	AND DATE	or other place	TION (Name		DAT	_	CATION -	City or Town	n, State
21. SIGNATURE OF FUNERA		INSEE			22. NAI	ME AND ADD	RESS OF FA	CILITY	/1	J	621	VI
► Charle	L D.	Jul.	N		Cha	rles	S. Ze	eiler	& Son	Inc	Fas	tern Ave.
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure. L	lat only one car	use on each line	non	c CA	mode of	dylng, suc	h aa card		ratory an	reat,	Approximate Interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry c.		O (OR AS A CONSEC								4	
PART II. Other algorifica			SUDDA		In the unde	riying caus	e given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	-		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								_	Tuses	com	-	I TYES 2 THO
25. WAS CASE REFERRED T	O MEDICAL					26. PLACE O	F DEATH (C)	neck only or	16)			
1 YES 2 NO			☐ ER/Outpetlant 3	□ DOA	OTHER:	Home 5 D	Residence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH 1- Neturel 5 2 Accident	Pending Investigation	26e. DATE O	F INJURY Day, Year)	28b. TIM INJ	IURY	c. INJURY AT WORK?		28d, DE	SCRIBE HOW I	NJURY OC	CURED	
3 Suicide 8 4 Homicide	Could not be detarmined	28a. PLACE (building	OF INJURY — Al ho i, alc. (Specify)	me, farm, :	street, factory	office		28f. LOC City	CATION (Street or Town, State)	and Numbe	r or Aural Ro	ute Number,
anal army		_	of my knowledge, de									and manner as stated.
296. SIGNATURE AND TITLE	te Of	reffre	L.	447.5	Dila	29c. l	OCME	MBER		29d. DAT	TE SIGNED (Month, Day, Year)
MARYOR	MD A	. 1201	ISE OF DEATH (ITE			REET	BALTI	MORE	,MARYI	AND	21201	
31. DATE FILED THOUSE DOE	*1991	32 REGISTE	AR'S SIGNATURE	2.00								4 11 1

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28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Item;	1 per	FH	10)/3	19
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FOR

RYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE GOOD LED SINE	CERTIFIC	CATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest) Mattie N Clark	27/2 1/2		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH						
		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. HOUTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month Day, Was) 4/14/11	8. BIRTHPLACE (State or Foreign Country) ESSEE						
OR	90. FACILITY NAME (If not institution, give street and number) LIBERTY MEDICAL CENT		BALTIMORE (PATH, Ty 9c. col	UNTY OF DEATH						
DIREC	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY MD		TOWN OR LOCATION	0	16d. INSIDE CITY ——LIMITS? 1 🖒 YES 2 🗌 NO						
FUNERAL DIRECTOR	100. STREET AND NUMBER 1632 ASHBURTON STREET		101. ZIP CODE 21.216	10g. Cf	TIZEN OF WHAT COUNTRY?						
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT I FORCES? 1 FYES, GIVE WAF	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 Z.NO Spec		14. RACE — American Indien, Black, White_ptc. Specify: NEGRO						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wo	ISUAL OCCUPATION ork done during most of working retired.) MAKER	16b. KIND OF BUSINESS/IN	NDUSTRY						
	17. FATHER'S NAME (First, Middle, Last) SAM DEATHRIDGE	HOULE		IAME (First, Middle, Meiden Surname) BACON							
TO BE	190. INFORMANT'S NAME (Type/Print) BRUENELL COLEMAN		ADDRESS (Street end Number or Rura ASHBURTON ST								
3	20a_METHOD OF DISPOSITION 1	of cemetary, crematory of	MEMORIAL PAR	K BALTIM							
	21. BIGHATURE OF PUMERAL SERVICE LICENSEE	uss		USS FUNERAL T NORTH AVE							
	22. Post 1. Enter the diseases, or complications that a shock, or neer fellure. List only one cause IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (C			ch as cerdiac or respiratory a	Approximate Interval Between Onset and Death						
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART II. Other significent conditions contributing to d	eeth but not resulting l	n the underlying couse given i	Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
IAN:	25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one)										
SIC	28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 1 No Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
BY PHYSICIAN: MEI	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day 2 Accident Investigation		28c, INJURY AT WORK? M 1 YES 2 ND	28d. DEŞCRIBE HOW INJURY C	OCCURED						
ETED E	2 Accident 3 Sulcide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
BOMBIN	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axa										
TO BE		ian		WMBER 29d. D ▶	ATE SIGNED (Morith, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Choung Kim, M. O., 31. DATE FILED (Month), Day, Year) 32. REGISTRAN	Liberty M		r, Baltimore	, mD21215						
	APR 1 2 1991 Julia Sevidos	n-Pandelle									

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AL OR ATTENDING PHYSICIAN:	
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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3 Suicide

4 Homicide

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BE COMPLETED BY FUNERAL DIRECTOR

9

FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT O	F HEALTH AN OF DEATH	D MENTAL	HYGIENE REG. NO.	9	09910
. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE	OF DEATH	YEAR	3. TIME OF DEATH
GEORGE	W- Lo	PPARO			A	PRIL	10 1991	Park M
. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birthday)	IF UNDER 1 Y		/A An with	OF BIRTH Day, Year)		RTHPLACE (State or Foreign untry)
214030002	1.2≤ M 2 □ F	91 YRS.	MONTHS D	NYS HOURS MI	220	21 18	3 PP	nolano
e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TO	WN OR LOCATION O	F DEATH		9c. COUNTY OF	
3015 FOURTH	AVI.		7	AROSY			BALT	TMORE
0a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
PARYLAND BAL	InoriT		CAR	NEY				1 YES 2 NO
0e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
3015 FOURTH	RVS.			2123	34		U.	S.A.
THE RESERVE OF THE PARTY OF THE	12. WAS DECEDENT ET			DECENDENT OF HIS			or No 14. R/	ACE American Indian, lack, White, etc.
Never Married 2 Married Married Never Mar	IF YES, GIVE WAR			YES 2 NO S		ircan, etc.)		TIKU
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION (CONTROLLED CONT	16a. DECEDENT'S	USUAL OCCU	PATION ng most of working	16b.	KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	se retired.)	ng most or working				
8 YRS		OFFI	CI C	LERK	5	HT2C	LIHAR	LIZTZ
7. FATHER'S NAME (First, Middle, Last)			3/5	16. MOTHER'S	S NAME (First, A	fiddle, Maiden S	Sumame)	
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or R	ural Route Numb	er, City or Town	, State, Zip Code)	
FAMILY REC	cros		SAM	2A 3	ABOY	-5		
toa METHOD OF DISPOSITION Burlel 2 Cremation 3 Remo	val from State	20b. PLACE AND OATI			OATE		CATION — City or	Town, State
1. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	GHNULII	22. NAI	ME AND ADDRESS O	F FACILITY	700	COLUM	1110
· 120 42	None, L		SV	ANS CH	your de	BOD!	10.00	ekv.he
23. PART I. Enter the diseases, or co		aused the desth. Do i						Approximate
shock, Dr haart fallure. L								Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	at v	-1-1-	0 0-		010	-)		Onest and Death
resulting in death)	DUE TO COE	STATE ONSEQUENCE O	cati	ondren c	ULEN			
	232,13 (3.		.,.)				į
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEQUENCE O	F):					
CAUSE (Diseese or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE O	F):					
•	•							

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 | YES 2 NO 1 YES 2 NO

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t 🔀 Natural 1 YES 2 NO 2 Accident

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or 29d. DATE SIGNED (Month, Day, Year)

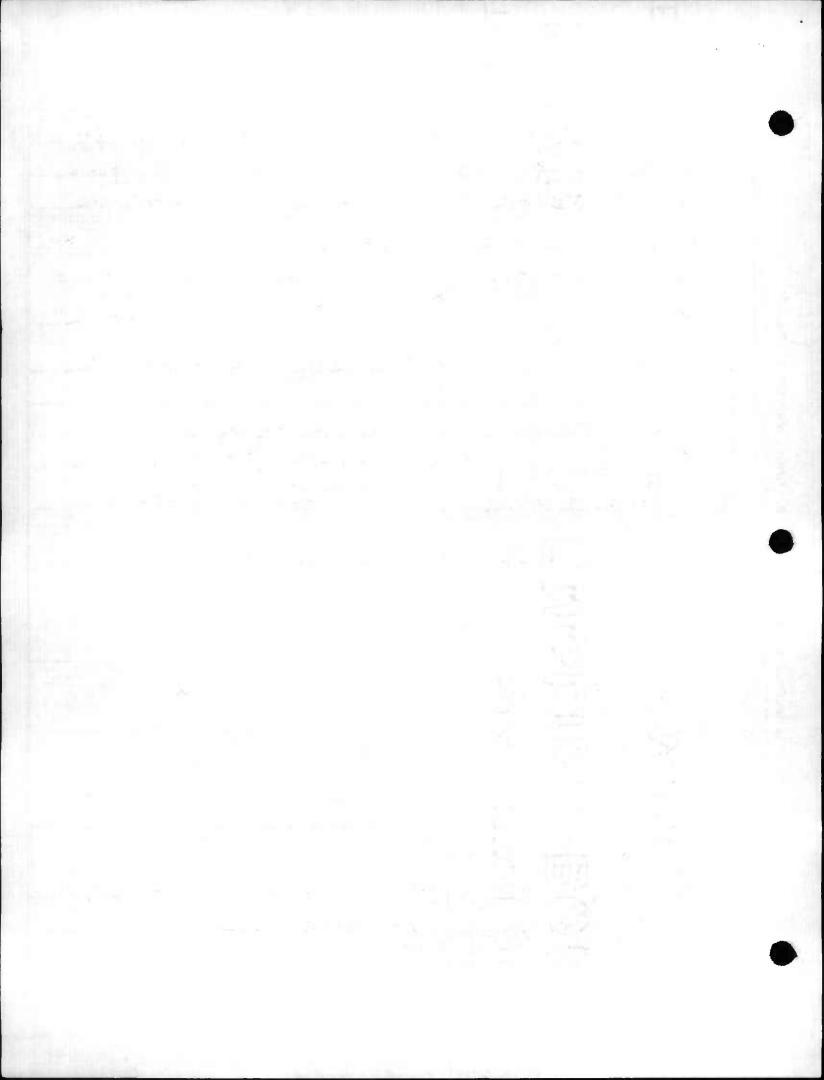
SIGNATURE AND TITLE OF	DOTOLY MEDILANINE	29c. LICENSE NUMBER
NAME AND ADDRESS OF PE	ERSON WHO COMPLETED CAUSE, OF DEATH (ITEM 27) (Typa, Print)	40 PA 200

31. REGISTAR'S SIGNATURE Juna Davidson-Randoll 31. DATE FILED (Month) Day, APR 1 2 1991

Jan

8 Could not be

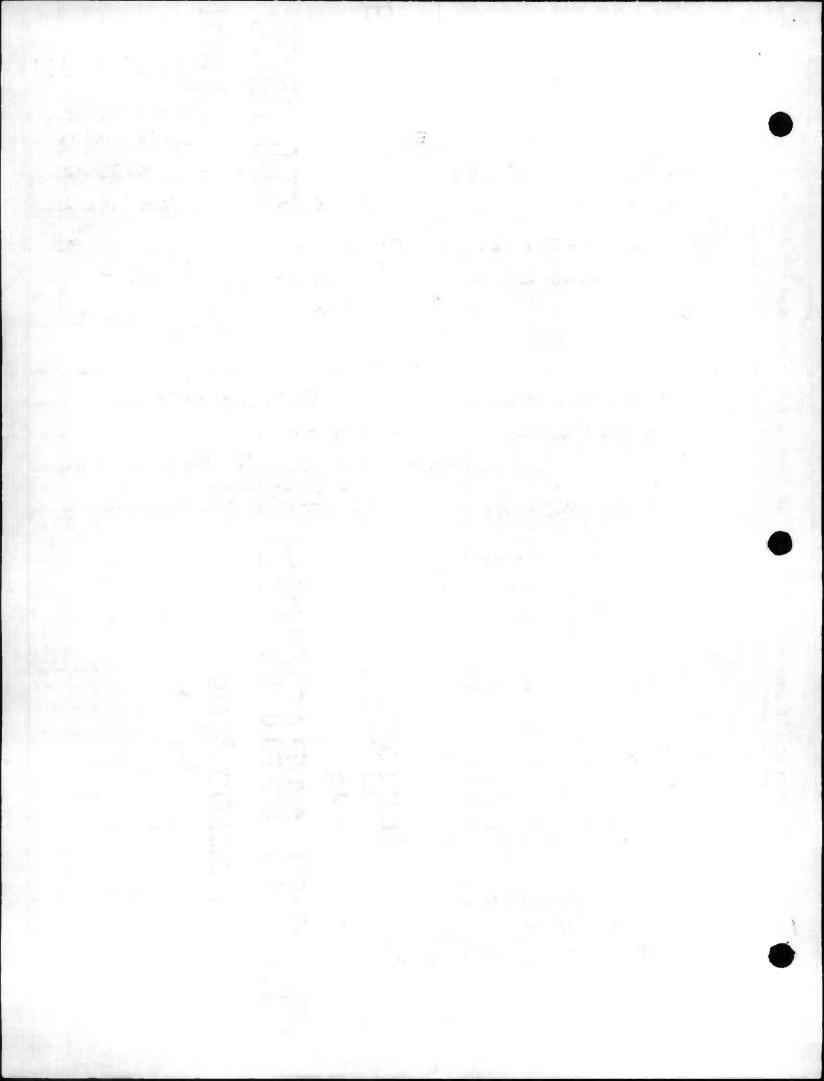
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	OR
	HOSPITAL
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		NTAL HYGIENE REG. NO.	Ē				
	1. DECEDENT'S NAME (First, Middle, La	S H Co	DOER		2.	DATE OF DEATH	1991	3. TIME OF DEATH P			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (n yrs. last birthday)	IF UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	8. 8	IRTHPLACE (State or Foreign ountry)			
	215 03 8651	1 🗆 M 2 🔀 F 💮 🦁 C	YRS.	IONTHS DAYS	1	14141	901 K	entucky			
NO.	9a. FACILITY NAME (If not institution, gh	e street and number)		96. CITY, TOWN O	R LOCATION OF DEATH	,	BA)	Timars			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCATI	ION			10d. INSIDE CITY			
1	MARYLAND BA	LTIMORE	1	ARKVI	علا			1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	SY DRIVE		101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPANIC		or No.— 14. F	BACE — American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO ITES	If yes, spe	elfy Cuban, Maxican, P 2 KNO Specify:	uerto Rican, etc.)		Black, White, etc. Specify:			
	15. DECEDENT'S E		16e. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUSTI	37,140			
	(Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of wo	ork done during mos retired.)	at of working	200000000000000000000000000000000000000					
COMPLET	12785		PT	HOWE							
_	17. FATHER'S NAME (First, Middle, Last)	C. HENDER	0.02		18. MOTHER'S NAME	First, Middle, Maiden S		10			
BE	19a. INFORMANT'S NAME (Type/Print)	_ 0 12110110		ADDRESS (Street as	nd Number or Rural Route			1)			
2	FAMILY RELORDS SAME AS ABOVE										
	20a, METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 R	amoval from State	emetary, crematory of	or other place)		4-8 0	CATION - City of	or Town, State			
	4 Donation 5 Other (Specify)		ORTHU		D ADDRESS OF FACILI	77 - 00	RAVIL	12,110-			
1	21. SHOW MUSIBLE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPLES READ - PARKVILLS										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A A SOLO	CONSEQUENCE OF) CONSEQUENCE OF)	:				Onset and Deat			
AL CE	PART ii. Other significant condi			the underlying	g ceuse given in Par			24b. WERE AUTOPSY FINDINGS			
MEDIC	Dire N.TA	2° to CUA			1	PERFOR 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICA	-		26. PL	ACE OF DEATH (Check	only one)					
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4. Nursing Hom	e 5 🗆 Residence 6 🗆	Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1 N Natural 5 Pending 2 Accident Investigati	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WO	URY AT RK? /ES 2 NO	d. DESCRIBE HOW II	JURY OCCURE	ED			
8	2 Accident 3 Suicide 6 Could not be defarmined 4 Homicide defarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
MPLET	anal .	IYSICIAN: To the tree of my know						usefa) and manner as stated.			
SE COM	296. SIGNATURE AND TITLE OF CERT				29c. LICENSE NUMBE	R		SNED (Month, Day, Year)			
TO B	30. NAME AND ADDRESS OF PERSON	YOUNG COMPLETED CAUSE OF DE	ATH (ITEM 37) (Type,	Print)	1593	2	PAP	RIL B 1991			
	KIKTON TI	YANGE CARE	- NURS	94	ton						
	APR 1 2 199	32. REGISTRAR'S SIGN		/							
	APR 1 2 199	1 Julia Davids	- Bandall								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 12 burial and Member prior to burial, cremation, or emoval. The following the detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 12 man 28 in marked for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT					HYGIEN REG. NO		0	9912	
	1. DECEDENT'S NAME (First, Middle, Last)	Betty	Dennis						2. DATE OF MONTH		1991	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF	виятн 1934	2011 W W alle	BIRTHPLA Country)	NCE (State or Foreign	
	416-56-0872		3/	THS.						-1934			Ala	
. 1	9a. FACILITY NAME (If not institution, give st						R LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DEAT	Н	
2	117 S. Catherine Str	reet				Balti	more							
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					100	d. INSIDE CITY	
	Md			Ва	ltimo	re						1)	YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD						T COUNTRY?	
	117 S. Catherine St						212				US			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	FORCES? 1	NT EVER IN U.S. AF I YES 2 (X)I MAR OR OATES	RMEO NO		If yes, sp		n, Mexica	NIC ORIGIN? (in, Puerto Ric y:		a or No 1	I. RACE — Black, W Specify:	American Indian, hite, etc. Black	
	15. DECEDENT'S EDUC (Specify only highest grade				USUAL O				16b. K	IND OF BU	SINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Side:	. Do NOT u	work done ise retired.)	during mo	St OF WORK	•						
S O	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Mic	idle, Maiden	Surname)			
BEC	Frank Lee						Mar	ie D	atche	r				
2	19a. INFORMANT'S NAME (Type/Print)										Town, State, Zip Code)			
	Trina Dennis							et B		_	Md 21		7.10()	
	20s. METHOD OF DISPOSITION 1 Description 1 D	206. PLACE of cometan WeS	on complete from Star Cemetery						Catonsville, Md					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE J	cert	1		March	F/H Waba	West						
	23. PART I. Entar the disease, or c shock, or heart fallure. I IMMEDIATE CAUSE (Final	List only one ca	use on aach iin	0.								st,	Approximate interval Between Onset and Death	
	disease or condition resulting in death)	s. 100	rbl c	and	in Pulmonay U.					a new				
		OUE TO	O (OR AS A CONSE	QUENCE O	lis la los ray a rent of: alors ray & m bas' of:						1914			
8	Sequentially list conditions,	b. OHE TO	OF AS A CONSE	OHENCE (NED!	con	12	20 /2	76					
F	if any, leading to immediate cause. Enter UNDERLYING	# A	Corne	a f	A HAR	2								
윤	CAUSE (Disease or injury that initiated events	C. OUE TO	OR AS A CONSE	OUENCE (OF):									
CERTIFICATION	resulting in death) LAST	4												
	DART II OIL - I III - A - AII								I					
Ä	PART ii. Other significant condition	s contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I. 2	4a. WAS AP	NAUTOPSY RMED?	AM	ERE AUTOPSY FINDINGS IAILABLE PRIOR TO	
ĕ										YES :	2 🗌 NO		OMPLETION OF CAUSE F DEATH?	
Ž									_			1	YES 2 NO	
ÿ														
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	DEATH (C)	neck only one)			_		
1×S	1 YES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA 28b. TII				esidence	6 Other		DI HIDY 0.00	1050		
4	1 Netural 5 Pending		Day, Year)		IJURY M	W	PURY AT ORK? YES 2 [28d. DESCRIBE HOW INJURY OCCURED						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, fac				261. LOCAT	TON (Street Town, State	and Number o	r Runii Roul	Number,	
E	200 CERTICIER									_		_		
COMPLETED	(Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE												nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER			= ==			29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (M	lonth, Day, Year)	
) BE	· Man un	de an					0	054	842		•	4/01		
2	30 NAME AND ADDRESS OF PERSON WH			EM 270 /5-	n Defeat	_					-			

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) APR 1 2 1991

March Services January March

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

- 1	1. DECEDENT'S NAME (First, Middle, Last	,							2. DATE OF	DEATH		3	. TIME OF DEATH
	MARY PHYLI	S SCHELL	ID/SCUT	1110)					Anni	P 9	1991	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF Month, I	DIDTH	1	. BIRTHPL Country)	ACE (State or For
į.	214-14-4072 1 M 27/4 04 YRS.									K 4,			sylvani
OH HO	90. FACILITY NAME (If not institution, give street end number) 4911 Fait Avenue 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore Baltimore												
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ТҮ		10c. CIT	Y, TOWN C	R LOCAT	TION					1	Od. INSIDE CITY
	Maryland Balt 100 STREET AND NUMBER	imare Cit	у		Balt		ZIP COD	_			La		XXYES 2 [
ERA	4911 Fait Avenu	e				101	2122						tates
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. I YES 2 { MAR OR DATES	NO	1	If yes, sp		m, Maxica	NIC ORIGIN? (in, Puerto Ric y:		or No 1	4. RACE Black, 1 Specify:	
	15. OECEDENT'S ED	DUCATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	DN		16b, K	INO OF BUS	SINESS/INDU	STRY	White
	(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5	+)	(Give kind of a life. Do NOT us	work done (se retired.)	during mo	ast of world	ng					
COMPLETED	Flomentary/Secondary (0-12) 31d grade	n/a	H	lousew	rife					ome			
ш	17. FATHER'S NAME (First, Middle, Last) Vincent James C	elio					Ma	ry D	ME (First, Mid ViGiul	lo			
10 B	190. INFORMANT'S NAME (Type/Print) GUY J. Discuille	0							Houte Number,				
	20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Re	movel from State		CE AND DAT	E OF DISP	OSITION	(Name		DATE	20c. LO	CATION — CI	ity or Town	
	4 Donation 5 Other (Specify)		Oak	Lawn					4-1	3 Bal	timor	e, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY VUIDE AUCK FUNERAL 7922 Wise Avenue B								Home	of Du	ndal	k, Inc.	
				death. Do i	not antar	the mo	ide of dy	ino suc	h se cardle	C Or resp	Iratory scre		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one car	use on each li	lna.					ch se cerdle	c or resp	Iratory srre	st,	Interval I
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition	s. DUE TO b. OUE TO		Ina. J O O O O O O O O O O O O O O O O O O	ter					c or resp	iratory srre	st,	Interval E
L CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONS	SEQUENCE O	ter	1 E)(se	as		4e. WAS AN	I AUTOPSY	246. 1	Interval E Onset an
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONS	SEQUENCE O	ter	1 E)(se	as	Part I. 2		I AUTOPSY RMED?	246. 1	VERE AUTOPSY MAILABLE PRIOR DOMPLETION OF
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONS	SEQUENCE O	ter	1 D	g csuse	given in	Part I. 2	4e. WAS AN	I AUTOPSY RMED?	246. 1	Interval E Onset an Onset an WERE AUTOPSY MAILABLE PRIOF DOMPLETION DF DEATN?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	b	O (OR AS A CONSTITUTE OF OR AS A CONSTITUTE	SEQUENCE O	orne	nderlyln	g cause	given in	Part I. 2	4a. WAS AN PERFOI	I AUTOPSY RMED?	246. 1	Approxim Interval E Onset an WERE AUTOPSY I WAILABLE PRIOR DEPTION DF DEATTY? I YES 2
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO c. DUE TO d. DUE TO d. To DUE TO 28a. DATE O (Month, i	D (OR AS A CONSTITUTE OF CONST	SEQUENCE O	orne	26. PR: sing Hon 28c. IN.	g cause	given in	Part I. 2	4a. WAS AN PERFO!	I AUTOPSY RMED?	246. 1	Interval E Onset an Onset an WERE AUTOPSY MAILABLE PRIOF DOMPLETION DF DEATN?
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are conditionally conditional	B. Liet only one can S. DUE TO DUE TO C. DUE TO d. One contributing to PARTE Of (Month, in 1988) 28e. PLACE	D (OR AS A CONSTITUTE OF CONST	SEQUENCE O SEQUENCE O SEQUENCE O Tresulting 2 3 DOA 28b. Till	OTHER	26. PR: Righton 28c. IN. W. 1	g cause LACE OF I THE 8 AT AT ORK? YES 2	given in	Part I. 2 heck only one) 8 Other (28d. DESC	4a. WAS AN PERFOI YES 2	I AUTOPSY RMED? E	24b. V	VERE AUTOPSY MAILABLE PRIOR DEATHY
MPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation in the significant conditions in the significant conditi	B. Liet only one can B. DUE TO B. OUE TO C. DUE TO	D (OR AS A CONSTITUTE OF INJURY — At (), etc. (Specify)	SEOUENCE O SEOUENCE O SEOUENCE O Tresulting 2 3 DOA 28b. Tiff	OTHEL 4 Num ME OF JURY M street, fac	26. PR: sing Hon 28c. IN. 1 tory, office	g cause LACE OF I THE STATE	given in	Part I. 2 heck only one) 8 Other (28d. DESC 28f. LOCAT City or	Specify) Specify) Specify Spec	I AUTOPSY RMED? INJURY OCCI	24b. V	VERE AUTOPSY MAILABLE PRIOR DEATHY
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MPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury thet initiated events resulting in death) LAST PART II. Other significent conditions and the cause. Enter UNDERLYING CAUSE (Pleases or Injury thet initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. The conditions is a condition of the cause of	B. Liet only one can S. DUE TO B. OUE TO C. DUE TO	D (OR AS A CONSTITUTE OF INJURY — At (, etc. (Specify)) IN D (Specify) IN D (Specify) IN D (Specify) IN D (Specify) IN D (Specify) IN D (Specify) IN D (Specify) IN D (Specify)	SEQUENCE O SEQUENCE O SEQUENCE O Tresulting 2 3 DOA 28b. Till IN 2 home, ferm, or investigati	OTHE A IN NUMBER OF JUSTY M Street, face on, in my of the in my of	26. PR: Ring Hon 28c. IN. 1 tory, office	g cause LACE OF Inne 8 JAN URY AT DRIV? YES 2 death occidenth oc	given in DEATH (Cr Seldence NO NO DEATH (Cr Seldence NO DEATH (Cr Seldence DEATH (C	Part I. 2 heck only one) 8 Other (28d. DESC 28f. LOCAT City or to the ceuse time, dete a	Specify) Specify) Specify Spec	I AUTOPSY RMED? INJURY OCCI end Number of	24b. v	Interval I Onset sn NERE AUTOPSY WARLABLE PRIO COMPLETION OF DEATN? I YES 2 und Number, and manner as Month, Day, Vee.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Staburg weether in what

FOR STATE	STATE OF MARYLAND / D
REGISTRAR	CEF

1 -

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	1. DECEDENT'S NAME (Flost Carrie Lou	ON				2. DATE OF D	EATH 10 PAY	3. TIME OF DEATN 3:20 A M						
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birt.				IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTN		NPLACE (State or Foreign		
	216-03-765	87	O/ YAS.			HOURS MIN.	(Month, Day, Year) 09 12 03		Coun	Md.				
								OR LOCATION OF DE		9	c. COUNTY OF			
5	Franklin S	Franklin Square Hospital					ne st	. Kos	sville		Baltim	iore		
	10e. STATE	10b. COUNT	Υ		10c. CiT	Y, TOWH OF						10d. INSIDE CITY		
5	Md.					Bali	ino	re				1 YES 2 NO		
FUNERAL DIRECTOR	10e. STREET AND NUMBER				10f. ZIP CODE 2/ 224					10	WHAT COUNTRY?			
N N	11. MARITAL STATUS	Avenu	12. WAS DECEDER	NT EVER IN 11 S	ARMED	19 W	MS DE	to I tolar .				IACE — American Indian,		
5	1 Never Married 2 3 Widowed 4 Dive		FORCES?			It	yes, sp	NO Specific	in, Puerto Rican,		Blac	Black, White, etc. Specify: White		
3		EDENT'S EDU		100	DECEDENT'S	work done di	CUPATI uring m	ON ost of working	16b. KIND	OF BUSINI				
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	4)	Facto	se retired.)			Enve	elope	Manufa	ict.		
5	17. FATHER'S NAME (First, A		-			đ		18. MOTNER'S NA						
2	Willie	am	Graul	ing				Mary						
2	Carolyn Wa							and Number or Rural Ave. Bal						
	20a. METHOD OF DISPOSIT 1 K Buriel 2 Crematic 4 Donation 5 Other		CE AND DAT	or other-pla	ace)	i (Name teru	4-12-9		to. Md.	own, State				
3														
	> Charl	le)	D. Zwi	4_		Charles S. Zeiler & Son Inc. Conkling St. On not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	iMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart fallure.	Uppe	er Gast O (OR AS A CON	roint	estin			ch as cardiac	or reapirat	lory arrest,	Approximata Interval Between Onset and Death		
2	Sequentially list conditions, if any, leading to immediate Hypona tremia Due to (or as a consequence of):													
3	CAUSE. (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
HIFICALION	that initiated events resulting in death) LAS	вт П	d.	J (OH AS A CON	NSEQUENCE OF):									
2	PART II. Other algolfic	ant condition	na contributing to	o death but no	out not resulting in the underlying cause given in Part I.					. WAS AN AU	b. WERE AUTOPSY FINDINGS			
EDICAL										PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
									''	J 7ES 2 [NO	OF DEATH?		
2														
PHYSICIAN:	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:			OTHER		PLACE OF DEATH (C	heck only one)					
2	1 TYES 2 NO		1/1 Inpatient 2			4 🗆 Nura	ing Ho	me 5 - Residence		••				
2 2	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 2 Accident 286. DATE OF INJURY 286. TIME OF INJURY 286. INJURY AT WORK? 1 YES 2 NO 286. DATE OF INJURY OCCURED 286. INJURY AT WORK? 1 YES 2 NO 286. DATE OF INJURY OCCURED 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. DATE OF INJURY OCCURED 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. DATE OF INJURY OCCURED 286. DATE OF INJURY OCCURED 286. DATE OF INJURY OCCURED 286. DATE OF INJURY OCCURED 286. DATE OF INJURY OCCURED 286. DATE OF INJURY OCCURED 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. DATE OF INJURY OCCURED 286. DATE OF INJU													
	3 Suicide 8 S	Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural City or Town, State)						Route Number,					
COMPLEIED	one)			owledge, death occurred at the time, date end place, and du tion and/or investigation, in my opinion, death occured at th							(a) end menner as stated.			
O BE C	29b. SIGNATURE AND TITL	Mu	00					29c. LICENSE NU			DATE SIONED (Month, Day, War) April 10, 1991			
=	30. NAME AND ADDRESS O	Suter,	M.D. 9	000 Fra	nklin	Squa	ire	Drive Ba	ltimor	e, MD	21237			
31. DATE FILE (3/1), Day 1991 R. REGISTRAR'S SIGNATURE FILE DAVIDON Nordall														

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rial transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY NUMBER 243 24 1177	5. SEX 1 2 F	B. AGE On yrs. Inc		IF UNDER 1 YEA		7. DATE OF BIE	923'	Country)	E(State or Foreign h Caroli
Sa. FACILITY NAME (If not institution, give	e street and number) RM. Hos	· 9·		96. CITY, TOW	N OF LOCATION OF DE			TY OF DEATH	
Maryland I	Prince Ge	orges		olleg	cation e Park			100	INSIDE CITY LIMITS?
100. STREET AND NUMBER 9012 51st Ave	e .				20740		US I	EN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS	YES 2 🔀		If yes,	PECENDENT OF HISPAI specify Cuben, Mexica (ES 2 NO Specify	n, Puerto Rican,	etc.)		merican Indian, its, etc. asian
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 2		(G	CEDENT'S I	usual occupiork done during e retired.)	ATION most of working		of Business/INDO		aryland
17. FATHER'S NAME (First, Middle, Last) James L. Daug	ghety				18. MOTHER'S NA Bert	ME (First, Middle,			
19a. INFORMANT'S NAME (Type/Print) Donald Daughe	ety	19			dress as		y or Town, State, Zip	Code)	
20s. METHOD OF DISPOSITION 2 Burist 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20h. PLACE other p Brit	of dispos	Churc	cometery, cremetory or h Chapel	Cemet	cery Let	aty or Town, 8	Co., NC
21. SIGNATURE OF THERAL SERVICE	LICEVSEE			22. NAME	AND ADDRESS OF FA	son Fi	uneral Va. 22	H8mes	
Sequentially list conditions, if any, leading to immediate	- Meteon	OR AS A CONSE	OUENCE OF	ances	of lune	}			- 18
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (C	DR AS A CONSE	QUENCE OF	7:					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.		resulting i		ring cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE SEATH?
PART II. Other significant condition of the condition of	d. ione contributing to a	eath but not	resulting l	on the underly ALUCE	. PLACE OF DEATH (C/	1 [PERFORMED? YES 2 100	COM OF E	PLETION OF CAUSE DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition of the conditio	d. Ione contributing to the state of the st	eath but not called the second	resulting I	OTHER: 4 Nursing I		1 check only one)	PERFORMED? YES 2 100	ON OF C	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition of the conditio	tight that the light of the lig	ER/Outpetient :	Pin Dia 3 DOA 285. TIME	OTHER: 4 — Nursing I	PLACE OF DEATH (C)	neck only one) 6 Other (Spe 28d. DE\$CRIBI	YES 2 NO	COM	LABLE PRIOR TO PLETION OF CAUSE DEATH?
PART II. Other significant condition of the condition of	tight that the light of the lig	ER/Outpetient : NJURY — At h the (Specify) my knowledge, d	a DOA 28b. Timili NJ ome, farm, s	OTHER: 4 Nursing E OF 28c. URY	PLACE OF DEATH (Cr. tome 5 Residence INJURY AT WORK? VES 2 NO ffice	teck only one) 6 Other (Spe 28d. DESCRIBI 28f. LOCATION City or Row	City) (Street and Number n, State) and menner as state	CURED CURED Or Rural Route	LABLE PRIOR TO PPLETION OF CAUSE SEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the conditi	ione contributing to a public total	ER/Outpatient NJURY (, Year) INJURY — At hec. (Specify) my knowledge, d amination and/or	a DOA 28b. TIMI	OTHER: 4 Nursing E OF 28c. URY street, factory, c	PLACE OF DEATH (Cr. tome 5 Residence INJURY AT WORK? VES 2 NO ffice	1 Deck only one) 6 Other (Special Describit City or Row or the cause(e) a time, date and p	PERFORMED? YES 2 NO City) E HOW INJURY OCC (Street and Number in, State) and manner as state	CURED CURED Or Rural Route	Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

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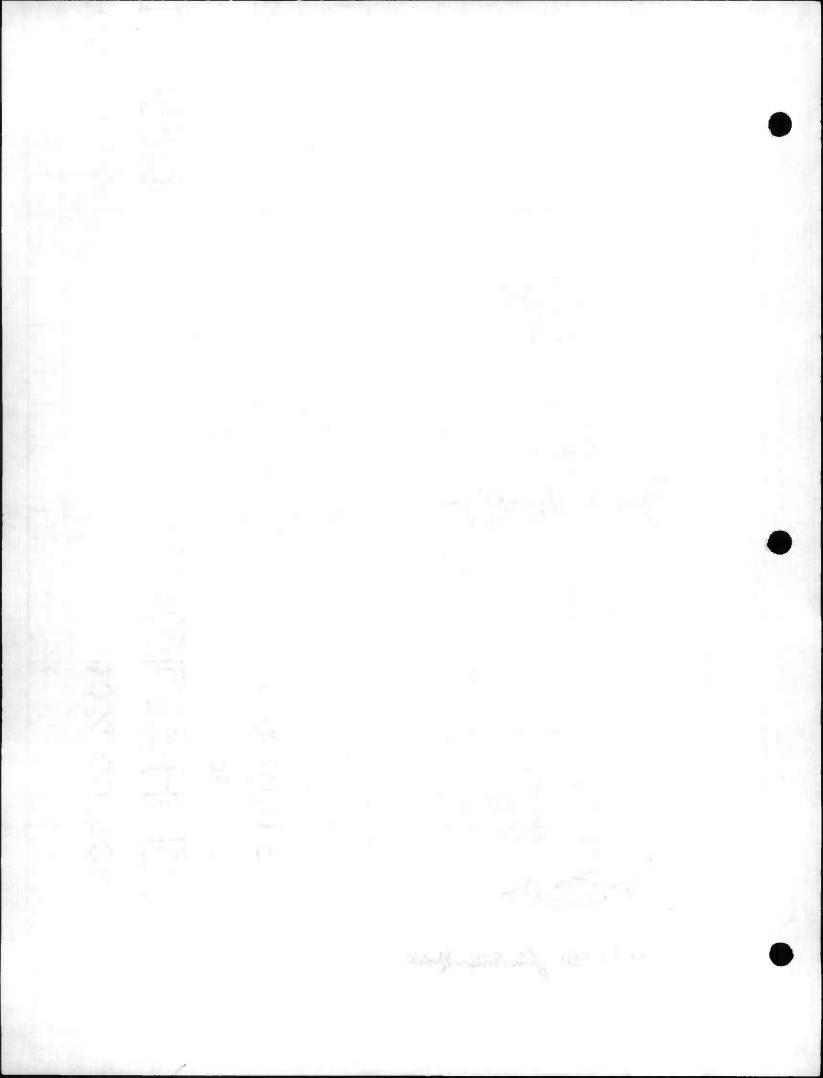
3. TIME OF DEATH

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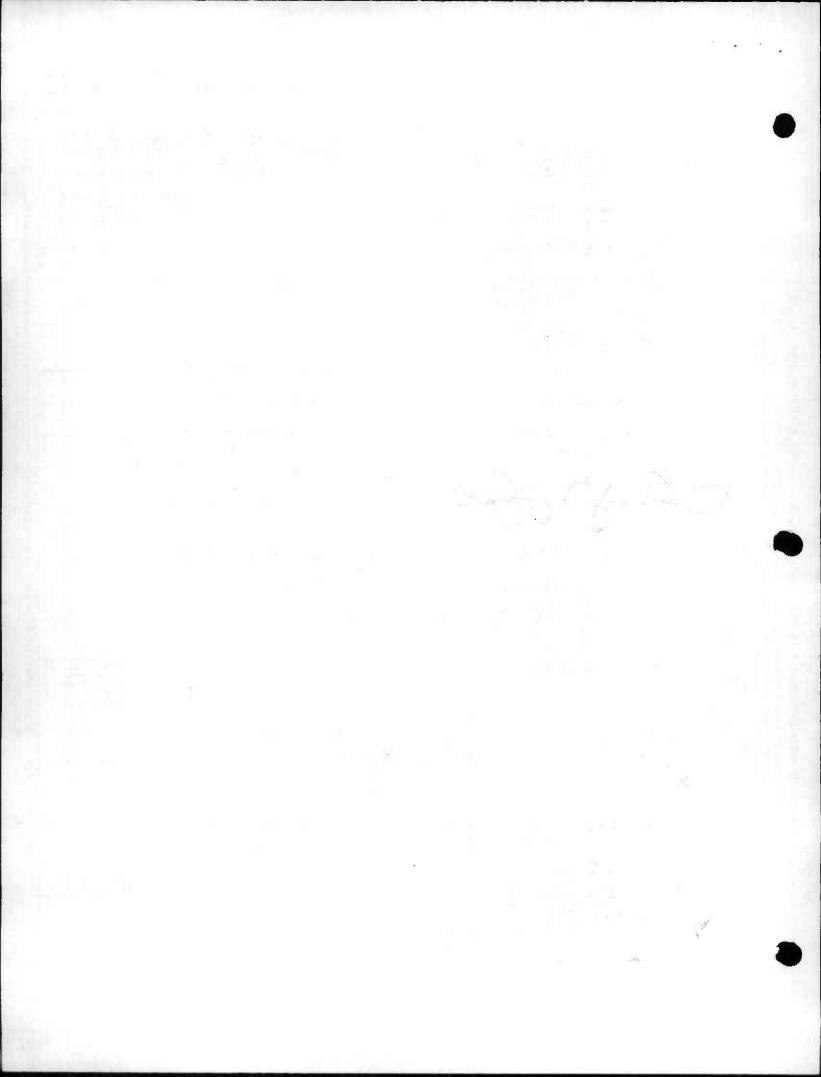
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-	ificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendir	ely f
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	G PHYSICIAN: The law requires that the death certificate	or this certificate has been signed by the attending
	DING PHYSICIAN: The law requires that the death cert	After this certificate has been signed by the attending
	TENDING PHYSICIAN: The law requires that the death cert	DR: After this certificate has been signed by the attending
	ATTENDING PHYSICIAN: The law requires that the death cert	LECTOR: After this certificate has been signed by the attending
	. DR ATTENDING PHYSICIAN: The law requires that the death cert	DIRECTOR: After this certificate has been signed by the attending
	ITAL DR ATTENDING	RAL DIRECTOR: After this certificate has been signed by the attending
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	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	E FUNERAL DIRECTOR: After this certificate has been signed by the attending
	ITAL DR ATTENDING	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending

		FOR STATE REGISTRAR	STATE OF M					EALTH AND I	MENTA	REG. NO.		
	:	1. OECEDENT'S NAME (First, Middle, Last) Henrie	tta	Ε.		Durh	am		2. DATE MONT	OF DEATH DAY	1991	3. TIME OF DEATH 5:45A M
		4. SOCIAL SECURITY NUMBER 213-26-2728	5. SEX 1 M 2 F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN,	(Mont	OF BIRTH h, Day, Year) 10-15	C	erthplace (State or Foreign punity) ryland
2, 3 should	OR	90. FACILITY NAME (If not institution, give str Inns of Evergreen	eet and number)			96. COUNTY OF DEATH Baltimore						DF DEATH
Pages 1,	DIRECTOR	Maryland 106. COUNTY		10c. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
sit permit.	FUNERAL C	100. STREET AND NUMBER Meridian Long Gre	en				101	101. ZIP CODE 21212			U.S.	OF WHAT COUNTRY?
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDEN	YES 2	ARMED NO	- 1	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexica 2 NO Specif	an, Puarto		or No- 14. F	RACE — American Indian, Black, White, etc. Specify: White
2121 al or att	LETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed) College (1-4 or 5 +			work done	during mo	ON st of working	161	. KIND OF BUSI	NESS/INDUST	W
MARYLAND retained by the hospits 5 should be detached notified at once.	E COMPL	8th Grade 17. FATHER'S NAME (First, Middle, Last) Fletcher A	nderson		HOU	ısewi	ie	16. MOTHER'S NA Eliza		Middle, Malden S		
MAR retained 5 should notified	OB	19a.INFORMANT'S NAME (Type/Print) Mrs. Barbara Towle		1	21 S	o. Ri	tte	and Number or Rural	Owin	ngs Mil	ls, MD	21117
OR e 6 mg ector, p		20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Lake View Memoria					ial Park 3-14-91 Sykesville, N			e, MD
BALTIN after death. Pag y the funeral dir noval. cal examiner		John K A	harl	1)_		_						, Inc. , MD 21133
60, within 24 hours heletely filled in b cremation, or rer		23. PART / Enter the disease, or canock, or heart failure. In IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceu	se on each li	ne. ironio	c obs		ctive pu				Approximate Interval Between Onset and Death
OX 68 e be execusively and prior to bur traumation	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
ITAL RECORDS, P.O. B IT The law requires that the death certificat cate has been signed by the attending ply State Dept. or freaith and Mertial Hygiene of them 23 shows any Injury, or other	MEDICAL	PART II. Other eignificant condition Colostomy, Seve fracture (T-8) (re depre	ssion,	verte	ebral	cor			24e. WAS AN A PERFORE 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	1 ==== ====		ОТНЕ	R:	LACE OF DEATH (C				
OF V PHYSICIAN with the with the Ked, or		27. MANNER OF DEATH 1 Antural 5 Pending	28a. DATE OF	INJURY	28b. TI		28c. IN.	JURY AT DRK? YES 2 NO		er (Specify) SCRIBE HOW IN	JURY OCCURE	ED
TENDI TTENDI TOR: A after d	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		of INJURY — At atc. (Specify)	home, farm	street, fac	tory, offic	:•		CATION (Street er or Town, State)	nd Number or A	tural Route Number,
DIV HOSPITAL DR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 X MEDICAL EXAMINE										use(a) and manner as stated,
ID THE HOSPITAL MATHE FUNERAL De filed within 72 I	TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	con					29c. LICENSE NU	OMBER CME		29d. DATE 810 ▶ 3-2	NED (Month, Day, Year) 7-91
The same		Ann M. Dixon, M.D	• 1	111	Peni		, Ba	altimore	, MD	21201	4.27	
		31. DATE FILED (Month, Day, Year) APR 0 1 1001		AR'S SIGNATURE								



	DAUCHADAYS F.CD	वस्ड्रीक क्रिप्र	SES	2. DATE OF DEATH MONTH 4 - 8 -	991 6 15 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yrs. last birthday) IF U	INDER 1 YEAR IF UNDER 24 HRS. THB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Mar) 7-08-0	8. BIRTHPLACE (State or Foreign Country) Md.
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF DE	ATH 9c	COUNTY OF DEATH
DIRECTOR	Meridian Loch Raven				BALTIMORE
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY
	Md. Balto.				1 TES 2 NO
Z Z	10e. STREET AND NUMBER		101. ZIP CODE	10-	g. CITIZEN OF WHAT COUNTRY?
FUNERAL	8720 Emge Rd.		21234		USA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 1 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 A NO Specify	n, Puerto Rican, atc.)	io— 14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b, KIND OF BUSINES	SS/INDUSTRY
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use reti	red.)		*
MP	10	Milk Man	1	Kraft Fo	
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surn	ame)
BE	Charles E. Daughaday	19b. MAILING ADD	RESS (Street and Number or Rural F	Seymour	ete Zin Code)
5	Charles F. Daughaday Jr.	1.20-11-21-21	anterbury Rd.		
	20e. METHOD OF DISPOSITION 20b.	PLACE OF DISPOSITIO	N (Name of cemetery, cremetory or		ON — City or Town, State
		other place) Parkwood Co	em.	Balto	o., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		John C. Mille		
	January harries	>	6415 Belair R		1d. 21206
and the	23. PART I. Enter the diseases, or complications that caused shock, or heart salitime. List only one cause on as	the death. Do not e			ory srrest, Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		nonary	Emboli	Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF):	m 9000		
MEDICAL C	PART II. Other significant conditions contributing to death but	it not resulting in th	e underlying ceuse given in	Part I. 24a. WAS AN AUT PERFORMET 1 TYES 2	77 AMAILABLE PRIOR TO
-				-	1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26, PLACE OF DEATH (Ch	eck only one)	
SICI	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpa	itlent 3 DOA A	HER:		
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW INJU	RY OCCURED
ВУР	1 Natural 5 Pending (world, buy, real) 2 Accident Investigation	INJURY	M 1 YES 2 NO		
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY building, atc. (Special Country of the country of the	At home, farm, street	t, factory, office	281. LOCATION (Street and a City or Town, State)	Number or Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of axamination				
×			T	men a f	
BE	296. SIGNATURE AND TITLE OF CERTIFIER PLEASE	aremi	D 31	0661	M. DATE SIGNED (Month, Day, Year)
	296. SIGNATURE AND TITLE OF CERTIFIER SHERE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED MAUSE OF DEA SIREES H TRIPLER	ATH (ITEM 27) (Type, Prin	D 31	ven fly	a. DATE SIGNED (Month, Day, Your)
BE	Sneah Tripen	NENI	D 31	ven fly	d. DATE SIGNED (Month, Day, Your) H 8 9



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rump propertient.	s the burial-transit permit	
to by the Hospital of attent	ild be detached for use a	od at once.
sault, raye o may be retained by the mospital or alle	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
אוחווון כא ואחוום פווננו הפק	pletely filled in by the fur premation, or removal.	ent, the medical exa
cerulicate be executed to	fler this certificate has been signed by the attending physician and completely filled in by the fi eath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	r other traumatic evi
he law requires man the death	been signed by the atten.	shows any Injury, or
NG PHYSICIAN: I've iam	fler this certificate has the sath with the State Dept	is marked, or item 23
HOSPITAL OR ASTENDI	TO THE FUNERAL DIRECTOR: After this be fred within 72 hours after death with	PORTANT: If Item 28 is
IN THE	Deffed of	INPOR

DIRECTOR

FUNERAL

BY

COMPLETED

BE

5

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

APR 1 2 199

72 31. DATE FILED (Month, Day, Year) WNO COMPLETED CAUSE OF DEATH (ITEM 27)

22. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH April 11 11 1991 YEAR Alice S. Everts 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 1891 Cour Netherlands IF UNDER 1 YEAR IF UNDER 24 HRS. APTPY "T'5, 220-44-4236 99 DAVE 1 M 2 K F 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DC. COUNTY OF DEATH Baltimore 7900 Ellenham Ave. Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Towson Maryland Baltimore 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21204 7900 Ellenham Ave. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: White 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Graue von Groning Heinrich 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Same As #10 William J. Everts 20s. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donetion 6 ☐ Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE Dulaney Valley Mem. Gards, 4-13-91 Timonium, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. ▶ Wallace S. Brace 1050 York Road, Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, Approximata shock, or heart failure. List only one ceuse on each line. intervai Between **Onset and Death IMMEDIATE CAUSE (Fine)** disesse or condition_ recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not recuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 1 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (CHECK only one) HOSPITAL: OTHER 4 - Nursi 1 YES 2 WHO lient 2 - ER/Outpatient 3 - DOA ng Home 5 Presidence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Trum, State) 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(a) and manner as stated.

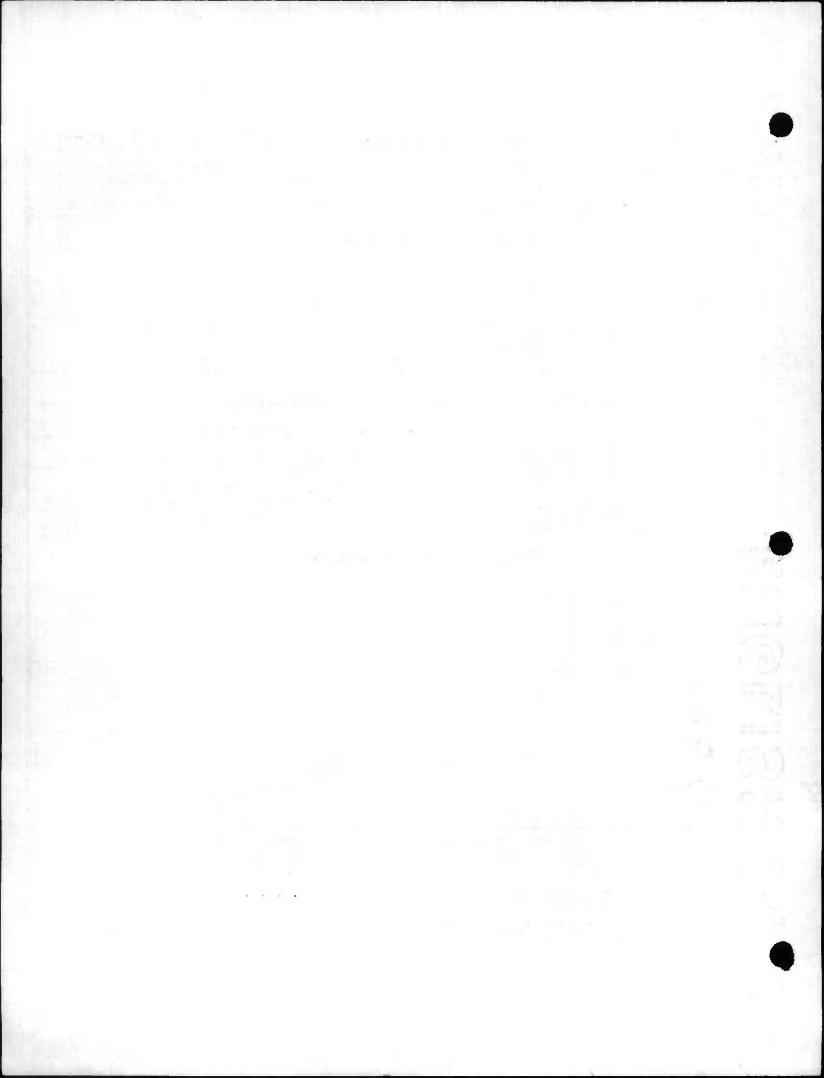
APP 9 1997 John Lines on fresh Com.

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,		CERTIFIC	MENT OF HEALTH ATE OF DEAT	H	REG. NO.	71	09919 3. TIME OF DEATH		
	Envir Moo. 4. SOCIAL SECURITY NUMBER 216-01-9355	re-William Eva 5. SEX	yrs. last birthday) II	FUNDER 1 YEAR IF UNDER INTHS DAYS HOURS	24 HRS. 7. DATE	OF BIRTH	91	BIHTHPLACE (State or Foreign Country) As I		
OR	9a. FACILITY NAME (If not institution, give street and number) Pacific Scott Key Medical Center PRESIDENCE OF DECEDENT PROPER SUPPLY STATES OF SUPPLY STATES									
DIRECTOR	10e. STATE 10b. COUN		10c. CITY, T	own or Location				10d. INSIDE CITY LIMITS? 1 (%) YES 2 - NO		
FUNERAL	100. STREET AND NUMBER 230 North Luzern	e Avenue	•	101. ZIP CODE 2/2			109. CITIZEN	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT O	n, Mexican, Puerto		or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: White		
APLETED	15. DECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12)		life. Do NOT use n	k done during most of workin	9 16	Balto	Brice			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) John Evans				ier's name (First Lances	, Middle, Maiden	Surname)			
TO BI	19a. INFORMANT'S NAME (Type/Print) Anna May Evars		19b. MAILING AI 230 N.	Luzerne Av		200		de)		
	20a, METHOD OF DISPOSITION 192 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from Stata		ON (Name of cometery, crem timore (eme	tery	B	alto.,1			
	21. SIGNATURE OF FUNERAL SERVICE I	D. Zeile	\mathcal{L}	Charles S	ss of facility Zeile	er & Soi	n Inc.	6224 Eastern Av		
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Carter	ch iina.	who for the mode of dy				, Approximat Interval Bet Onset and		
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa	ntierrt 3 🗆 DOA	OTHER:	EATH (Check only					
ву РНҮ	27. MANNEN OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	nnt 3 II/DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28b. TIME OF NURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO						
ETED	3 Suicide 6 Could not be determined 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. CERTIFIER 1 CERTIFIE									
D BE COMPL	(Check only one) 2 MEDICAL EXAM	NER: On the basis of axamination	and/or investigation,		red at the time, d	ate and place, a		sause(a) and manner as st		
1	30. NAME AND ADDRESS OF PERSON IN MCL TO M	WHO COMPLETED CAUSE OF DEA	, MO	441 5	ELLW	coD f	AVE, B	A LTO, Med		
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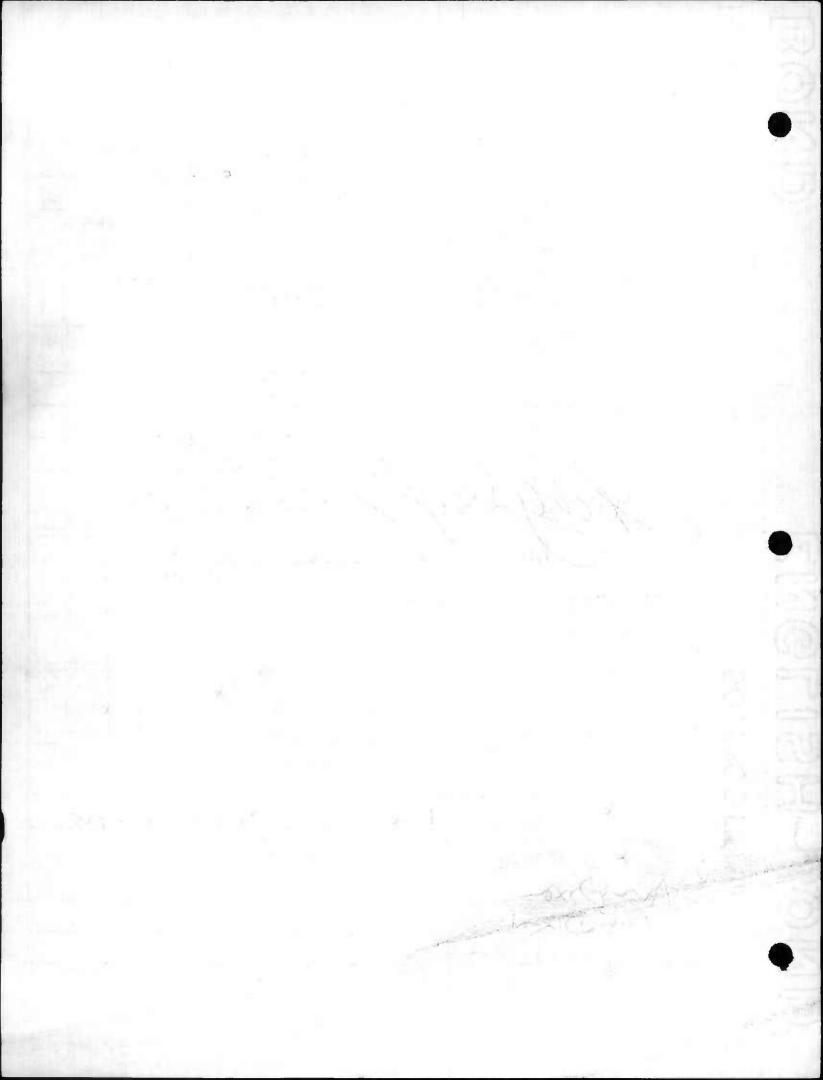
09920 FOR STATE REGISTRAR 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DE	ATH DAY				OF DEATH
	Michael		ANthony	F	ord.	Jr.	•			04	03	199	AR 1	14	04 am
_ 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	st birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF BIR (Month, Day,		8.1	BIRTHPL Country)		ate or Foreign
	215-31-06	68	1×2 M 2 □ F		YRS.	MONTHS	12	HOURS	MIN.	12-21-				land	1
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	מאמרת	9b. CITY, TOWN OR LOCATION O					EATH		9c. COUNTY			~
FUNERAL DIRECTOR		nwood	Avenue	TREET		La	ndov	er				Prince Georges			ges
<u> </u>	10a. STATE	10b. COUNTY	r		10c. CITY, TOWN OR LOCATION							1	Od. INSII	DE CITY	
능	Maryland	Pri	nce Geor	qe's	e's Landover								1		2 NO
A	10e. STREET AND NUMBER						_	f. ZIP COD	Œ			10g. CITIZEN	OF WH	AT COU	NTRY?
ER	7101 East I	nwood s	Street					207	785			Ţ	ISA		
3	11. MARITAL STATUS			IT EVER IN U.S. AF		13.	. WAS DEC	CENDENT	OF HISPAI	NIC ORIGIN? (Spe	offy Yes o	- V	RACE -	- Americ	en Indian,
ВУ Б	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V	YES 2 TO	NO			2 NO			MC-)		Specify:		
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ž I	N/A 17. FATHER'S NAME (First, A	(Intelle I mas)			N/	A		140, 4400	715 P.O. A.	ME (First, Middle,	I/A			-	
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	20. METHOD OF DISPOSIT	ION		20b. PLACE	_	_			Ke; I			TION - City			33
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13	21, SIGNATURE OF FUNERIA		CENSEE	- Thathic	JIIY_I'.						_ nai	MOVET	, 1º1	ary.	Lanu
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A	25. WAS CASE REFERRED 1						-								
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		Pending		Day, Year)		JURY	W	ORK?	- NO	28d, OEŞCHIBE	: HOW IN.	JUHY OCCUR	ED		
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2	30. NAME AND ADDRESS O		O COMPLETED CAL	ISE OF DEATH AT	FM 273 /5-	a Drintt		1 0	.C.M	I.E.		04	0	4	1991
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	31. DATE FILED (Month - Day			ART SIGNATURE					- ,		-, -			~ \	•
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STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		REG NO

ALGISTIAN											
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE ((Month)	Day, Year)		Country:	PLACE (State or For
215-84-8423	XX ^{M 2 F}	25	YRS.				3/	B./60			
Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	ATH
SHOCK TRA	AUMA	UNIT .		В.	ALTI	IMORE C	ITY				
RESIDENCE OF DECEDENT			_								
10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN (OR LOCAT	TION					10d. INSIDE CITY LIMITS?
MD		_	BA	HUIL	ORE	CITY					1 YES 2 1
10e. STREET AND NUMBER		100			10	H. ZIP CODE			10g. CITIZE	EN OF W	HAT COUNTRY?
3505 WOODLAND	AVE. AP	Г=1В				21215			Π.	S.A.	
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3 Wildowed 4 Divorced						A.				RI M	
15. DECEDENT'S ED	UCATION		CEDENT'S				16b.	KIND OF BUS			100
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Min	. Do NOT us	se retired.)	ouring mo	ost of working					
12-TH			UVIDVI	PLOY	ED			TIME	MPLOY		
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	AUNT EXCEND										
GEORGE WASHING 19a. INFORMANT'S NAME (Type/Print)	UN FUKD	T 40	h Manage	ADDRESS	e /9	MARY and Number or Rural				Corde ¹	
GEORGE WASHINGTO			_	-		ER CT.		MORE.			207
20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Re	moval from State	20b. PLACE of conditions				N (Name	OATE	20c. LOC	CATION — CI	ity or Tov	vn, State
4 Donetion 6 Other						ETERY 3	3/30,	/91 CA	TUNSV	Ш	E, MD.
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1/1/10	m/1/9	VI	111	R	ODNE	T. SY			SERV	ICE	
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IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are suiting in death) LAST PART II. Other algnificent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ***EXAMINER? ***EXAMINER** ***EXAMINER** ***EXAMINER** 1	DUE TO b. DUE TO c. DUE TO d. DOBE CONTRIBUTING to DOBE CONTRIBUTING TO A 28e. PLACE building CSICIAN: To the best of NER: On the best of	O (OR AS A CONSE O (OR	QUENCE O QUENCE	OTHE 4 Number of Jury Me on, in my	nderlyin 26. P FR: raing Hor 28c. IN 1 □ ctory, office	PLACE OF DEATH (Come 5 ☐ Residence JURY AT ORK? YES ZXX ND Idea and place, and du death occured at the	n Part I. in Part I. in Part I. in 6 Other 28d. DES JUMI 28f. LOC City 44 44 45 46 46 46 46 46 46 46	24a. WAS AN PERFOR 1 ST YES 2 e) r (Specify) CRIBE HOW II PED FR ATION (Street a or Kown, State)	AUTOPSY IMEO? NURY OCCI OM WI and Number of the control of the co	24b. 24b. DO Paral R d. couse(s)	WERE AUTOPSY FE AMAILABLE PRIOR COMPLETION OF COMPLETION O
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IMMEDIATE CAUSE (Find disease or condition resulting in deeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigation of the condition of	DUE TO DUE TO	O (OR AS A CONSE O (OR	QUENCE O QUENCE	OTHE OTHE A \(\text{Nu} \) In the un A \(\text{OF} \) OF JURY OF JURY OF JURY ON M Fred at the on, in my	nderlyin 28. P FR: miling Hor 28c. IN. 1 ctory, office	PLACE OF DEATH (Come 5 Residence IJURY AT ORK? YES 200 ND Idea and place, and did death occured at the 29c. LICENSE NI	n Part I. Check only on 6 G Othe 28d. DES JUM 28d. City 344 us to the cau is time, data	24a. WAS AN PERFOR 1 ST YES 2 e) r (Specify) CRIBE HOW II PED FR ATION (Street a or Kown, State)	AUTOPSY IMED? NUTY OCCI OM WI and Number of the did due to the	24b. 24b. 24b. 25c. 26c. 26c. 26c. 26c.	WERE AUTOPSY FE AMAILABLE PRIOR COMPLETION OF COMPLETION O
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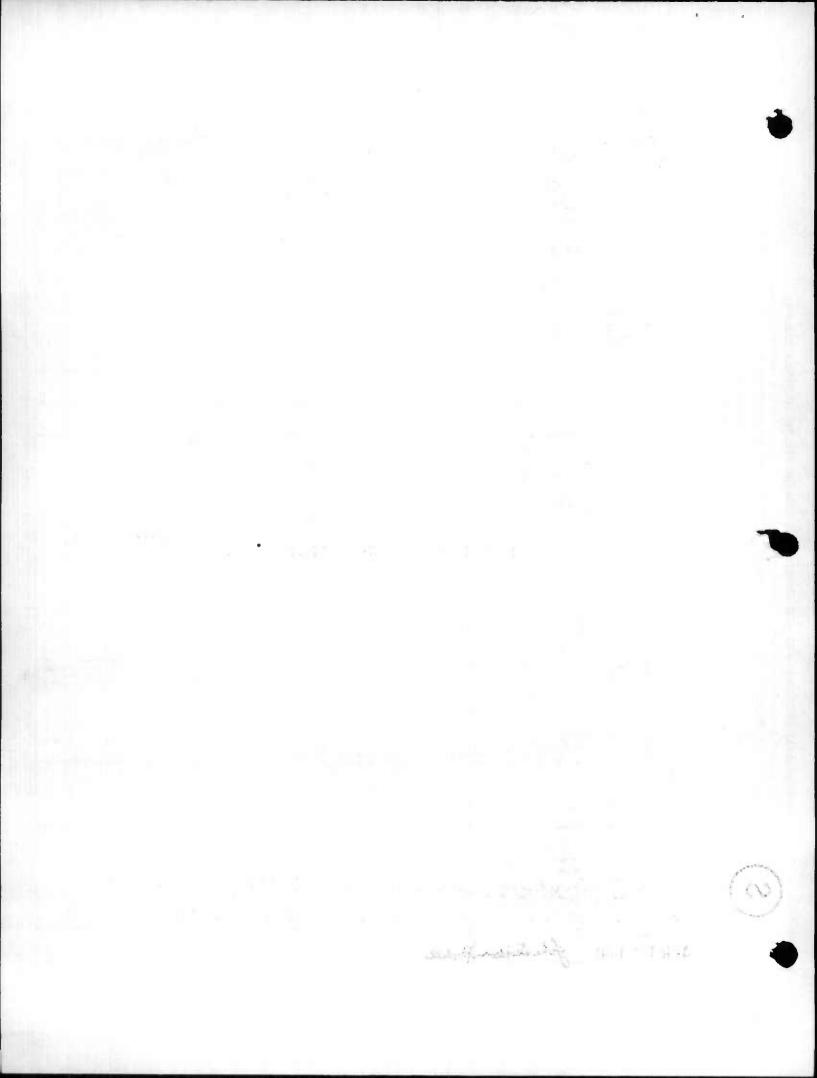
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN REG. NO		03325
	1. DECEDENT'S NAME (First, Middle, Las	, Lucy H. Greene				2. DATE OF DEATH MONTH 6	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 228-16-5675 90. FACILITY NAME (If not institution, give	1 × M 2 🗆 F	91 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-15-19	000 (BIRTHPLACE (State or Foreign Country) Va
HOT	Inns of Evergreen	s street and number)		Baltimo	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	10a, STATE 10b, COUN	ITY		town on Locat timore	TION			10d. INSIDE CITY LIMITS7 1XX YES 2 NO
FUNERAL	34 S. Morley Str	reet		101	1. ZIP CODE 21229		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (V)NO	If yes, sp		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) f/y:	na or No-	RACE — American Indian, Black, White, etc. Specify: Black
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during mo		16b. KIND OF BU	JSINESS/INDUST	RY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Beverly Alexand	er			Hanah	AME (First, Middle, Melder Rich		
TO BI	19a. Informant's Name (Type/Print) Raymond Greene					timore, Md 2		de)
ry, or other traumatic event, the medical examiner CERTIFICATION	23. PART I. Enter the diseases, c shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF:	Marc 43	1000	Avenue	- C- C- C- C- C- C- C- C- C- C- C- C- C-	Approximate interval Betwonset and D
MEDICAL	PART II. Other significant condit	d. Mu/Mg/		the underlyin	ng cause given li	n Part I. 24a. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
28 is marked, or item 23 s TED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Tetural 5 Pending Investigation 2 Accident S Could not determined determined determined.	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	28b. TIME	OTHER: Nursing Hor OF 28c. IN. RY M 1	JURY AT ORK? YES 2 NO	theck only one) of □ Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	t and Number or i	
ANT: If item 28 COMPLETE	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my knowl	ledge, death occurred	at the time, date	a and place, and de	us to the cause(s) and m	enner as stated.	



NER 12 1891 Files Bushows Apropage

BALTIMORE, MARYLAND 21203-3146	its after death. Page 6 may be retained by the hospital or attending physician.	INFECTOR: After this certificate has been signed by the attending physician and completely how. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him to have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
	9	Hon, or	the me
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	reaffirm DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	WITH DIRECTOR: After this certificate has been signed by the attending physician and completely he In by the fi IIII 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT ill item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

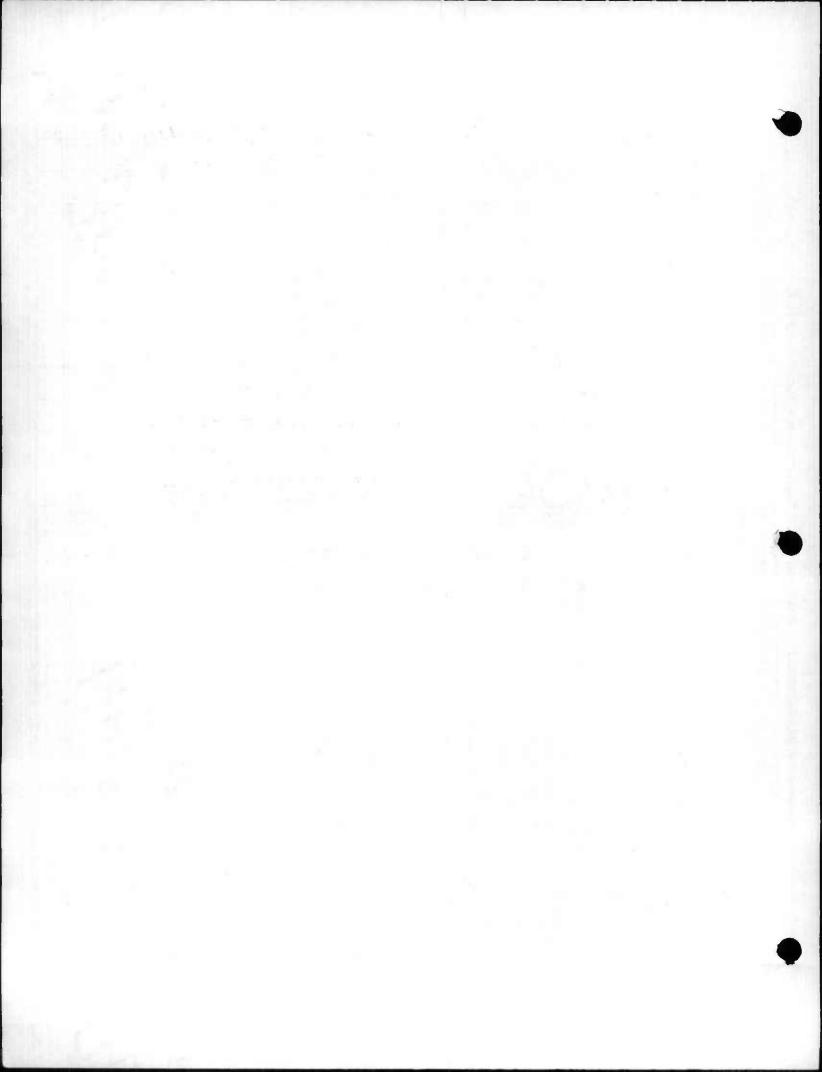
	REGISTRAR		CENI	IFICALE	UF	DEALL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	(CAR	SON E.	GRA	v)		2. DATE OF DEATH	Y Y	3. TIME OF DEATH 9:00P M
	Carson Gray	,				,		·	
	4. SOCIAL SECURITY NUMBER 218-07-5742	5. SEX 6.	AGE (In yrs. lest birth	RS. IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 0 - 2 0 -	19	BIRTHPLACE (State or Foreign Country)
œ	9a. FACILITY NAME (If not institution, give str 44 SOLAR CIF	RCLE AP		96. COUNTY OF DEATH BALTIMORE, MD					
임	RESIDENCE OF DECEDENT								
입									10d. INSIDE CITY
DIRECTOR	MD			BALT			ITY		1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 44 SOLAR CIF	RCLE APT	- B		101	21234		10g. CITIZEN	USA
3 1	11. MARITAL STATUS	12. WAS DECEDENT EX					IC ORIGIN? (Specify Yes	or No- 14	RACE — American Indian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 (V) IF YES, GIVE WAR A R	OR DATES			2 NO Specify.			Specify: BLACK
	15. DECEDENT'S EDUC			NT'S USUAL O	CCHBATK	NA .	16b. KIND OF BUS	INECC/INDITO	
TE	(Specify only highest grade of		(Give kin	id of work done (IOT use retired.)	during mo	ast of working	160. KIND OF BUS	SINESS/INDUS	INT
COMPLETED	10th	College (1-4 or 5+)	POR	,			REAL M	ANAGM	ENT CO.
	17. FATHER'S NAME (First, Middle, Lest) ARTHUR GRAY					18. MOTHER'S NAM BERTH	AE (First, Middle, Maiden A MYERS	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRESS	Street a		oute Number, City or Town	n, State, Zip Co	de)
۲	CATHERINE GRAY					RCLE/BA	LTIMORE.		21234 or Town, Blate
	1X Buriel 2 Cremetion 3 Remo	val from State				T VET.	CEM OWI		ILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	()			ND ADDRESS OF FAC			
_	23. PART I. Enter the diseases, or co	Mila	/						NORTH AVE.
	shock, or heert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause Metasta	on each line.	nocarci			1 unknow		interval Between
NOI	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	AS A CONSEQUEN	CE OF):				···-	
-ICA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OF	AS A CONSEQUEN	CF OF):					
CERTIFICATION	that initiated events resulting in death) LAST		1122-110						
	PART II. Other algnificant conditions	contributing to de	eth but not result	ting in the ur	nderiyin	g cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1	X	OF DEATH?
2							_		
AN	25. WAS CASE REFERRED TO MEDICAL			_	26. P	LACE OF DEATH (Che	ock only one)		
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:	2/Outpetient 2 □ D	OTHE	R:	ne 5XXRealdence			
Ϋ́	27. MANNER OF DEATH	28a, DATE OF INJ		. TIME OF		JURY AT	28d. DESCRIBE HOW I	NUMBY OCCUR	en .
	1 X Netural 5 Pending	(Month, Day,		INJURY	WC	YES 2 NO	200. DECOMBE HOW		
BY	2 Accident Investigation	20- 91 405 05 10	I III IFOV						
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	IJURY — At home, f . (Specify)	arm, street, ract	югу, отк	•	281. LOCATION (Street : City or Town, State)		Hural Houte Number,
COMPLET	29a. CERTIFIER 1 X CERTIFYING PHYSIC								
S	one) 2 MEDICAL EXAMINE	R: On the basis of exam	ination and/or invest	tigation, in my o	opinion, d	death occured at the	time, data and place, ar	d due to the c	cause(a) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTI	li e	15			29c. LICENSE NUN	IBER		IGNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO	moun	m			127	149	▶ 4-	10-91
	Dorothy A. Snow,				vd.	, Baltimo	ore, Md. 2	1218	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		<u>_</u>				
	APR 1 2 1991 S	Fulia Davidson	-Randelle						
	0	1 1000	- Il-linear						DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA		CATE OF			GIENE G. NO.	09925
Valor	JOHN FRANCIS	- PUT 91	20	21	2. OATE OF DE MONTH	10 19	12 09 RM
214-54-3806	1X M 2 🗆 F 41	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUNE 1.	5,1949	MARYLAND
9a. FACILITY NAME (If not institution, give stre 4847 VICKY ROAD	et end number)		96. CITY, TOWN BALTIMO	OR LOCATION OF DE. RE	ATH	100000000000000000000000000000000000000	IMORE
RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALTIN	MORE		TIMORE	TION		- 15	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 4847 VICKY ROAD				1236		10g. CITIZ U.S	EEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 \(\bigcirc \) Never Merried 2 \(\bigcirc \) Merried 3 \(\bigcirc \) Widowed 4 \(\bigcirc \) Divorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexicar 8 2 NO Specify	, Puerto Rican,	etc.)	14. RACE — American Indien, Black, White, atc. Specify: WHITE
15. OECEOENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use BUSINES	ork done during m e retired.)	ost of working		OF BUSINESS/INO	
17. FATHER'S NAME (First, Middle, Lest) JOHN F. GESSLER				18. MOTHER'S NAI	SANZO	NE	
190. INFORMANT'S NAME (Type/Print) ROSE M. GESSLER (N		4847 V	ICKY RO	AD, BALTI	MORE, 1	MARYLAND	21236
20a, METHOD OF DISPOSITION 1 Disposition 3 Disposition 3 Disposition 4 Donation \$ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	GR	PLACE OF DISPOS	CREMAT	ORY]	20c. LOCATION — (BALTIMOR	E, MARYLAND
· Norald His	al fa		SCHIM	UNEK FUNE	RAL HO		MARYLAND 21236
23. PART I. Enter the diseases, or co shock, or heart feilure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO OR AS	CONSTQUENCE OF	DP	Head	as cardiac d	r respiratory sir	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF		100			
PART II. Other significent conditions	contributing to death b	ut not resulting i	n the undarlyl	ng ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
			26.1	PLACE OF DEATH (Ch	at ant and		
EMARKATION	HOSPITAL:			DACE OF DEATH (C/A	ock only one)		
EXAMINER? YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI	OTHER: 4 Nursing Ho E OF 28c. III	me 6 Residence	6 Other (Spe	city) E HOW INJURY OCC	CURED
YES 2 NO	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY	26b. TIMI INJ	OTHER: 4 Nursing Ho E OF 28c. If URY W 1	me 6 Residence	6 Other (Spe 28d, DESCRIBI	E HOW INJURY OCC	CURED or Aurel Aoute Number,
EXAMINER? YES 2 NO 27. MÄNNER OF DEATH 1 Netural 6 Pending Investigation 3 Subdide 6 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PHYSIC	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	At home, farm, s	OTHER: 4 Nursing Ho E OF 28c. If URY M 1 Intreet, factory, off	me 6 A Residence UJURY AT ORK? YES 2 NO	6 Other (Spe 28d, DESCRIBI 281, LOCATION City or Tow to the cause(e)	E HOW INJURY OCE (Street end Number m, State) and menner ee stat	or Rural Route Number,
EXAMINER? YES 2 NO 27. MÄNNER OF DEATH 1 Netural 6 Pending Investigation 2 Accident Investigation 3 D. Sukcide 6 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	At home, farm, s	OTHER: 4 Nursing Ho E OF 28c. If URY M 1 Intreet, factory, off	me 6 A Residence UJURY AT ORK? YES 2 NO	6 Other (Spe 28d, DESCRIBI 28f, LOCATION City or Tow to the cause(e) time, date end p	E HOW INJURY Oct (Street end Number m, State) and menner ee stat blace, end due to th	or Rural Route Number,



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)		D	1				2. DATE OF	DAY		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	LUCY Is. sex	B. 6. AGE (In vrs. les		ughe		P 24 MRS	7. DATE OF	9 BIRTH		991	HPLACE (State or Foreig
220-18-8839	1 🗆 M 2 💟 F	74	YRS.	7	DAYS HOURS	MIN.	9-11-	1916		Count	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	OWN OR LOCATI	ION OF DI		1	9c. COU		
3021	Baker St	treet		Bai	ltimor	е					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			10c, CIT	Y. TOWN OR							10d. INSIDE CITY
Md	.,		1								LIMITS?
10s. STREET AND NUMBER			1	101. ZIP CODE 10g. CITIZEN OF WHAT COUN							
3021 Baker St.					21216				U	S A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If y	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify)Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 No Specify: Black					k, White, etc.	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 8 +	,rG		USUAL OCC work done dur se retired.)	UPATION ing most of world	ing	16b. K	NO OF BUSI	NESS/INC	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Mid	dle, Maiden S	iumame)		
19a. INFORMANT'S NAME (Type/Print)		19			Street and Numbe				State, Zip	Code)	
Shirley Hughes			3505 Langrehr Rd. Balto. Md. 21207								
20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rev 4 Donation 5 Cities (Special)	movel from State	of cemetary	ce and date of disposition (Name ary, crematory or qifter place) CUS Memorial Park 4-13-91 Balto., Md.								
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE 6	Andre	/ Meil	22. N/	ME AND ADDRE	ESS OF FA	CILITY			d.	
23. PART I. Enter the diseases, or ahook, or heert fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	COMPlications the	Low it coused the di	leath. Do	22. NA	March 4300	F/H Wa	West bash	Aven	ue atory an	reat,	Approximate interval Bets Onset and E
23. PART i. Enter the diseases, or ahock, or heert fellure immediate CAUSE (Finel disease or condition resulting in death)	r complications the	Low it coused the di	leath. Do	not enter the	March 4300 ne mode of dy	F/H Wa	West bash	Aven	ue atory an	reat,	Interval Bety
23. PART i. Enter the diseases, or ahock, or heert fellure immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. OUE TO	or (OR AS A CONSE	equence of	22. NA not enter th	March 4300 ne mode of dy	F/H Wa	West bash	Aven	ue atory an	reat,	Interval Bety
23. PART i. Enter the diseases, or ahock, or heert fellure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. OUE TO	at ceused the di	equence of	22. NA not enter th	March 4300 ne mode of dy	F/H Wa	West bash	Aven	ue atory an	reat,	Interval Bety
23. PART i. Enter the diseases, or ahock, or heert fellure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO b. OUE TO c. OUE TO	O (OR AS A CONSE	EQUENCE O	22. NA not enter th	March 4300 ne mode of dy	F/H Wa Wing, suc	West bash the according to the second	Aven	AUTOPSY MED?	rest,	Interval Bety
23. PART i. Enter the diseases, or ahock, or heart fellure immediate cause or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO b. OUE TO c. OUE TO	of COR AS A CONSE	EQUENCE O	22. NA not enter the second se	MATCH 4300 The mode of dy arriving cause	given in	West bash the according to the section of the secti	Aven correspur	AUTOPSY MED?	rest,	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
23. PART i. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions are all the conditions of the condit	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpatient: 2 28s. DATE OF (Month, D	of COR AS A CONSE	EQUENCE O EQUENCE O FOURIER TO DOA 3 □ DOA 28b. TIR	22. NA not enter the second of	erlying cause 26. PLACE OF 6 36. INJURY AT WORK? 1 YES 2	given in	Part I. 2	Aven correspur	AUTOPSY MED?	rest.	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?

29b. SIGNATURE AND TITLE OF CENTURE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AND CHOICE Ln. - LL1

Catansville, MD 21228 (301) 747-0300

32. REGISTRAR'S SIGNATURE a Davidson-Randall

DHMH-16 Rev 1/89



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31. DATE FILED (Month, Day, Year) 2 1991

Helph Choke In. L. Carraville, MD 21228

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ISION OF VITAL RECORDS,
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BALTIMORE, MARYLAND 21215-0020 24 mours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2. 3 should bion, or removal. The medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not ingitiution, in several and C. PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10b. STATE 10b. COUNTY 11b. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College 17. FATHER'S NAME (First, Middle, Last) 10b. MARTHOD OF DISPOSITION 1 Deuriel 2 Cremetion 3 Removal from	T S E RCI
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the mean certificate has been signed by the influence of mining after death, with the State best of Health and Mental Hymne and the completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hymne and the Lorentz after death with the State Dept. of Health and Mental Hymne and the Lorentz after death with the State Dept. of Health and Mental Hymne and the Lorentz after death with the State Dept. of Health and Mental Hymne and the Lorentz after death with the State Dept. of Health and Mental Hymne and the Lorentz after death with the State Dept. of Health and Mental Hymne and Hymne and Hymne and Hymne and Hymne after death with the State Dept. of Health and Mental Hymne and Hymne after death with the State Dept. of Health and Mental Hymne and Hymne after death with the State Dept. of Health and Mental Hymne and Hymne after death with the State Dept. of Health and Mental Hymne after death with the State Dept. of Health and Mental Hymne after death with the State Dept. of Health and Mental Hymne after death with the State Dept. of Health and Mental Hymne after death with the State Dept. of Health and Mental Hymne after death with the State Dept. of Health and Hymne after death with the State Dept. of Health and Hymne after death with the State Dept. On th	ED	1 Natural 5 Pending 2 Accident Investigation	ribe

31. DATE FILED (Month, Day, Year)

APR 1 2 1991

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH HARRIS HELEN 5:12 PM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 040240594 1 M 2 F 9b. CITY, TOWN OR LOCATION OF DEATH 10d. INSIDE CITY LIMITS? GAllimore 1 YES 2 NO 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 DECEDENT EVER IN U.S. ARMED ES? 1 VES 2 NO S, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 TYES 2 HO 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (1-4 or 5+) FAIRDRESSE R 18. MOTHER'S NAME (First, Middle, Maiden Surname) GALLOWA us ions that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate Interval Between **Onset and Death** DIO PUMO MARLY

DUE TO (OR AS A CONSEQUENCE OF): ? HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): uting to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: lent 2 - ER/Outpatient 3 - DOA ng Home 5 - Realdence 8 - Other (Specify) DATE OF INJURY (Month, Day, Year) 25c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ne best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and menner as stated. besia of examination and/or investigation, in my opinion, death occured at the time, date and place, and due

Media

ION WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

a Davido

Liberty

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR	STATE OF MARYL			F DEATH	MENTAL HYGIEI REG. NO	NE			
	1. DECEDENT'S NAME (First, Middle, Last)		ic			2. DATE OF OEATN MONTH	DAY YI	EAR	ME OF DEATN	
- 4	Arlena Rosett		In yrs. lest birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	APRIL 7.			07A E (State or Foreign	M
4	149-26-8760	1 M 2 XF 55 YRS. MONTHS DAYS HO				NOV . 03,	1935	New J		
TOR 1	9a. FACILITY NAME (If not institution, give DOCTORS COMMUNIT	N OR LOCATION OF O	EATN	PRINCE		GE'S				
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUN Maryland Prince	e George's	-3-6	y, town on Lo						
2	10e. STREET AND NUMBER	e George s	Pa.	THET PA	101. ZIP CODE	10g. CITIZEN			YES 2 NO	_
ERAI	1810 Ray Leonard	Road			20785	U. S.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Warried	12, WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	XXNO	If yes	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify V If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 1 YES 27 ANO Specify.			RACE - Ar Black, White Specify:	merican Indian, ta, etc.	
	3 Widowed 4 Divorced								lack	
COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	ilfe. Do NOT u	work done during se retired.)	ATION most of working	=======================================	USINESS/INDUS	TRY		
MP	12th 17. FATHER'S NAME (First, Middle, Last)		House	e Wife	1		vate			
	Lewis Winch	oatox			The state of the s	ME (First, Middle, Maide	n Surneme)			
BE	19a. INFORMANT'S NAME (Type/Print)	ester	19b. MAILIN	G ADDRESS (Str	AITELLE	A Myers Route Number, City or To	wn, State, Zip Co	ode)		
2	Thomas Hawkins	(Husband)	1810	Ray Le	onard Road	d: Palmer	Park.	MD.	20785	
	20e. METNOD OF DISPOSITION 15-Burlel 2 Cremation 3 Re	moral from State	cemetary, cremator	E OF DISPOSIT	ION (Name		OCATION — City			
2	4 Demetion 6 U Other (Specify)		Harmony	Memori	al Park		Landove:	r, Ma	ryland	
	SIGNATURE OF FUNERAL SERVICE L	C. Nord	18		J. B. Jenl 7474 Lando	kins Funer			MD 207	05
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do	not anter the	mode of dyling, suc	ch se cardisc or res	piratory arrest	t,	Approximate	
	MEDIATE CAUSE (Final	. List only one cause on e							Onset and De	
	disease or condition resulting in death)	. scut	e cope	nate	on prole	moule	٠		6ks.	
		OUE TO (OR AS A	CONSEDUENCE	OF):					11.	
ON	Sequentially list conditions, if sny, leading to immediate									
AT	If sny, lesding to immediate cause. Enter UNDERLYING			i.				1		
F	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS /	CONSEDUENCE	DF):						
CERTIFICATION	resulting in death) LAST	d								
	PART II. Other significant condition	ons contributing to death it	out not resulting	In the under	lying cause given in	Part I. 24a, WAS /	AN AUTOPSY	24b. WER	E AUTOPSY FINDIN	IGS
MEDICAL		_				PERF	ORMED?	COM	LABLE PRIOR TO PLETION OF CAUS	Æ
밀							12		EATH?	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LANCOUTAL .			8. PLACE OF DEATH (C	heck only one)				
YSK	1 TYES 2 NO	Hespital:	patient 3 DOA		Nome 5 - Residence				30	
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b, Ti	JURY	WORK?	28d. DESCRIBE HOV	/ INJURY OCCUI	AED		
B	2 Accident Investigation	28e. PLACE OF INJURY	/ At home farm		YES 2 NO	28f. LOCATION (Street	at and Number or	Gural Boute	Alumber	
E	3 Suicide 6 Could not b 4 Homicide determined	building, etc. (Spe	city)			City or Town, Sta	te)	Transcription (77071000	
LE	29a. CERTIFIER 1 CERTIFYING PNY	/SICIAN: To the best of my know	riedge, death occur	red at the time	data and place, and du	e to the causalat and m	nanner se stated			
COMPLET	CONBOCK ONLY	NER: On the basis of examination							manner se state	d.
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			SIGNED (Mon		_
BE	Monday 0.1100	10 ps/m				473	•	4 -	7 91	
임	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF OF	ATH (ITEM 27) (Tor	e Print)				-		_

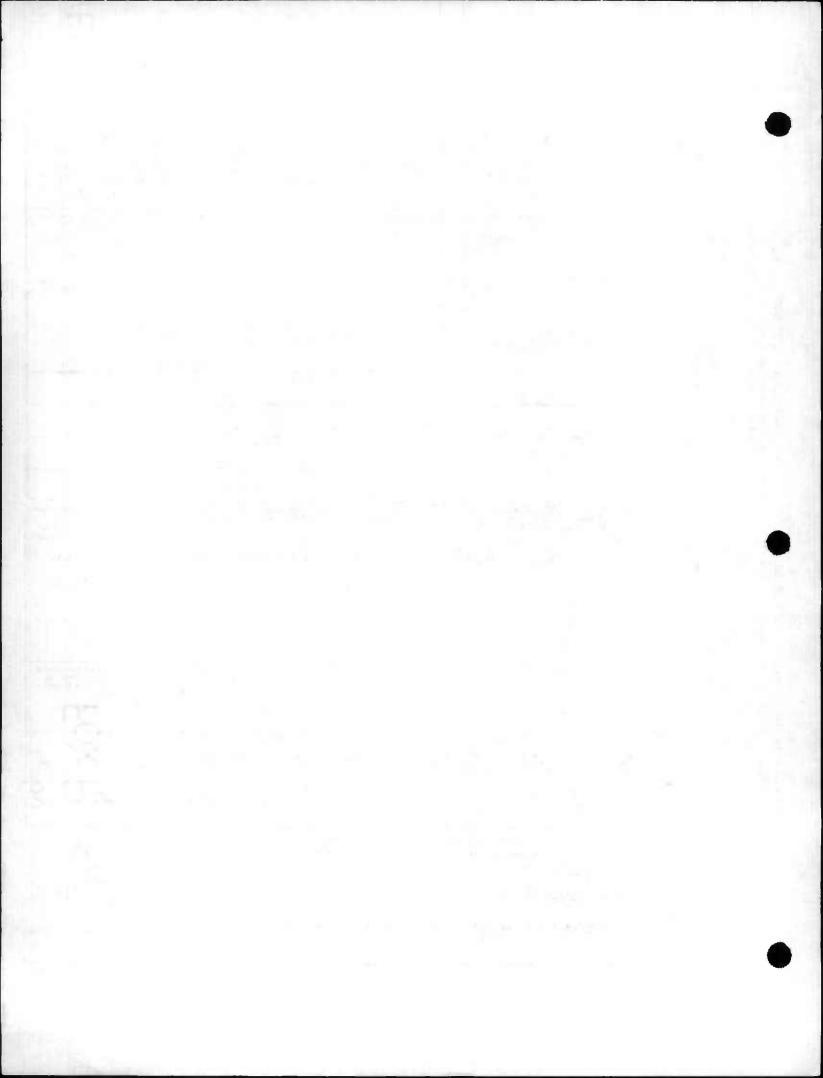
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WILL COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PARSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AND STATE OF THE PRINT

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BALTIMORE, MARYLAND 21203-3146	n 24 Hours after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be carried eath with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ICS TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TIME ALD IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	I. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

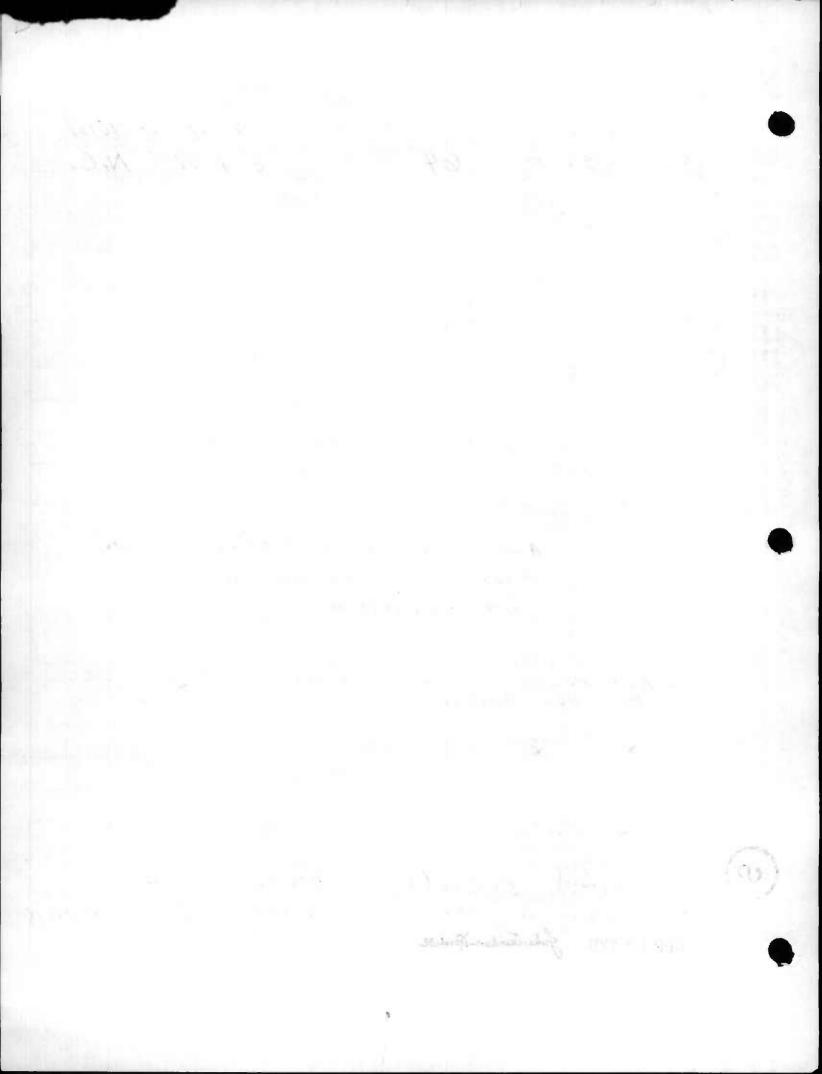
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31. DATE FILED (Month, Day, Year)

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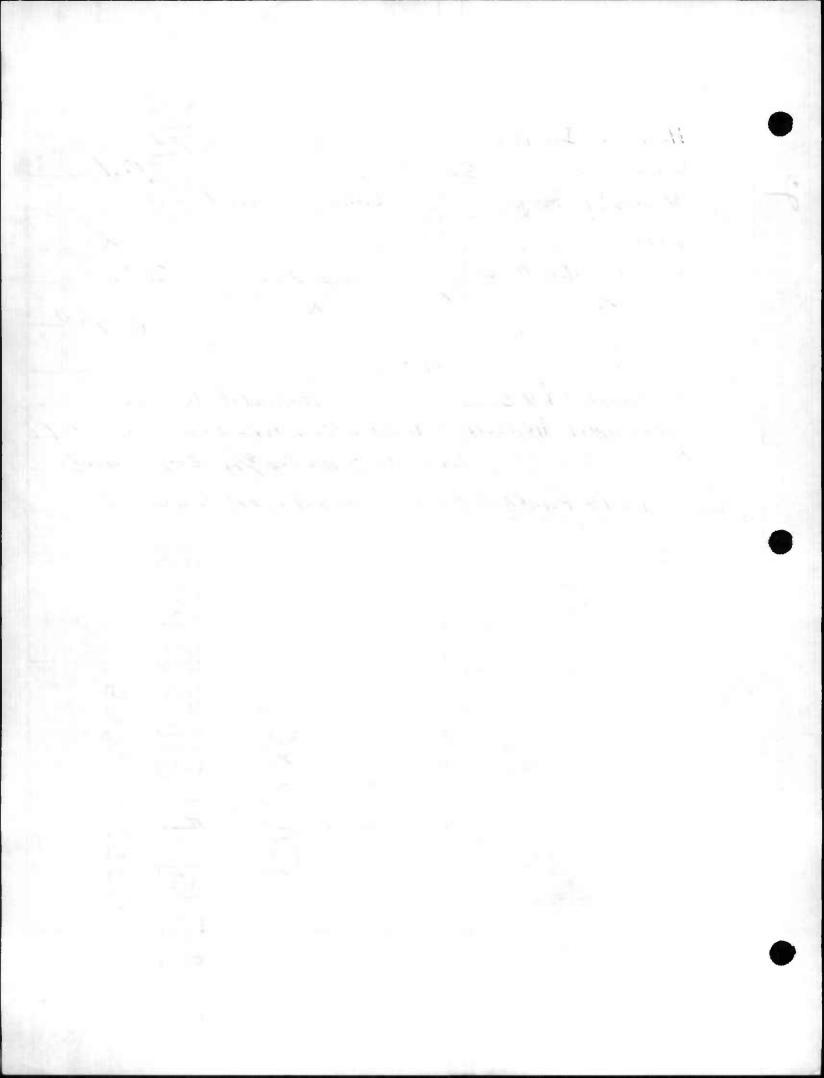
32. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	6 8 80 al Mar 2 44	J 01 1			CATE OF			. NO.		
	ORMI		HEI	-	2501		2. DATE OF DEA	9	41	10:51
4. SOCIAL SECURITY NUM 9.15-22-8	125	5. SEX 1 2 M 2 D F	B. AGE (In you	s. last birthday) VRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	26	Countr	No Co
Se. FACILITY NAME (If not institution, give street and number) HAMCUSO HOSPITAL CENTEY-SO. BUTTINEYE RESIDENCE OF DECEMENT Se. COUNTY OF DEATH Se. COUNTY OF DEATH										
10e. STATE	10b. COUNTY				ALTIMO		ΙΤΥ			10d. INSIDE CITY LIMITS? 1 YES 2 NO
2709 MA		STREE	ΕT		10	01. ZIP CODE 2121	8	10g. CIT	USF	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div			NT EVER IN U.S 1 [] YES 2 WAR OR DATES	□\\NO	If yes, s	ECENDENT OF HISP/ specify Cuban, Mexic IS 2 NO Spec	ANIC ORIGIN? (Speci can, Puerto Rican, et thy:	Ify Yes or No— c.)	14. RACE Black Speci	E - American Indian, k, White, etc.
15. DEI (Specify on Elementary/Secondary (7 th	CEDENT'S EDUC. hy highest grade of (0-12)	ATION completed) College (1-4 or 5		(Give kind of w life. Do NOT use	usual occupat ork done during n e retired.) LOYED	TION nost of working	16b. KIND 0	F BUSINES\$/INI	DUSTRY	
17. FATHER'S NAME (First, A E L T O N H	Middle, Last)	SON				274.003	AME (First, Middle, M	falden Surname)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO	ADDRESS (Street		N I E I Route Number, City	or Town, State, Zi	p Code)	
MADELYN	SPARI	K S		2709			T./BALT			
20a. METHOD OF DISPOSITION 1/2 Rurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometor), crematory or V OTHER PARK.CEM BALTIMORE, MD										
21. SIGNATURE OF FUNER.	AL SERVICE LICE	INSEE		^	T*					
23. PART I. Enter the capacity of the capacity	diseases, of a	pmplications the	ot caused the	e death Do n	WM.		H F.H.			Approximata
shock, or in the shock,	inal	BIL DUE TO HE	TE DO (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	III. LEST INSEQUENCE OF INSEQUENCE OF	WM. (ot anter the m	C. MARC mode of dying, au TOOLY EUM	H F.H.	respiratory as	rrest,	Approximata interval Between
shock, or in the shock,	inal itions, ediate //ING	BIL DUE TO HE	TE DO (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	III. LEST NSEQUENCE OF PAR	WM. (ot anter the m	C. MARC mode of dying, au TOOLY EUM	H F.H.	respiratory as	rrest,	Approximata interval Between
shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit ff any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific	titions, editions in the conditions of the condi	DUE TO DUE TO DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	III. LESI NSEQUENCE OF LET NSEQUENCE OF not resulting I	WM. (ot anter the m	C. MARC mode of dying, au TONY EUM N	H F.H. sch as cardiac or DISTILLE ONIA	respiratory as	rrest,	Approximate interval Betwee Onset and Da
shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific ALC ALC ALC SAMAS CASE REFERRED EXAMINERY	titons, ediate ving ury structury and conditions of the Coo Ho	DUE TO DU	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	III. LESI NSEQUENCE OF TET NSEQUENCE OF TOTO NSEQUENCE OF	WM. (ot anter the many) P/R/A P: PN P: NS/O The underlying 26. OTHER:	C. MARC node of dying, au TORY EUM Ing cause given to EAS C	H F.H. Ich as cardiac or 3/57/26 ON/A	AS AN AUTOPSY ERFORMED?	rrest,	Approximata interval Betwee Onset and Dail Con
shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific AL. C 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Westural 5	titions, deliate (TING urry ST CO HO	DUE TO DU	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	IN. DESTINATION NEOUENCE OF NEOUENCE OF NEOUENCE OF	WM. (ot anter the m P/R/A D: PN D: VS/O The underlying the company of the co	C. MARC node of dying, au TORY EUM Ing cause given to EAS C	H F.H. ch as cardiac or 3/17/12/2 ON/A	AS AN AUTOPSY ERFORMED?	Treet,	Approximata interval Betwee Onset and Dail Con
shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific AL. C PART II. Other signific EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	titions, editate final beautions. St. Co. HO.	DUE TO DU	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	INP. RESINENCE OF PLACE OF PL	WM. (ot anter the m P/R/A D: PN D: VS/O The underlying the company of the co	C. MARC node of dying, au TO AY EUM Ing cause given I EAS PLACE OF DEATH (I) PHORY AT YORKY YES 2 NO	n Part I. 24a. W Pi	AS AN AUTOPSY ERFORMED? (ES 2 SAO	24k	Approximata interval Betwee Onset and Date of
Shock, or I IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injust that initiated events resulting in death) LAI PART II. Other signific AL. C PART II. Other signific AL. C 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29s. CERTIFIER (Check only)	titions, ediate filling large	DUE TO DU	O (OR AS A CO O	Inc. PESINSEQUENCE OF PAL NSEQUENCE OF TETTONSEQUENCE OF TETTONSEQUENCE OF THE SEQUENCE OF TH	ot anter the m P/R/A P: PN P: PN P: PN P: PN P: PN P: PN P: PN PN	C. MARC node of dying, au TO 12Y EUM Ing cause given it PLACE OF DEATH (1) PHACE	n Part I. 24e. W. P. Check only one) 28d. DESCRIBE 28f. LOCATION (City or Rown, use to the cause(s) en	AS AN AUTOPSY ERFORMED? VS 2 500 Street and Number and manner se street	24k	Interval Betwee Onset and Date of Death? WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO



|--|

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPART CERTIFI	IMENT OF HE CATE OF I			SIENE 5	09930
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEA		3, TIME OF OEATH
Hancon -	IRENE				MONTH	DAY 91	EAR 1135 PAYM
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLACE (State or Foreign
	1.0			HOURS MIN.	(Month, Day,)		Country)
218-27-522	1 DM 2 VF	56 YRS.					124
9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN OR	LOCATION OF OR	ATH	9c. COUNTY	OF DEATH
5 Valueretta	HOS D.		BAITO	2016	moi		
RESIDENCE OF DECEDER	IT				7.0		
10a. STATE 10b. C	DUNTY	10c. CITY	, TOWN OR LOCATIO	NC			10d, INSIDE CITY LIMITS?
RESIDENCE OF DECEMBER 10a. STATE 10b. C							1 VES 2 NO
			101, 2	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
100. STREET AND NUMBER 115 NV F-U	ton Ave			115 0	3	1.	(
11. MARITAL STATUS	12. WAS DECEDENT EV	ED IN U.S. ADMEO	10 400 0505	NOENT OF HISPAN	NC ORIGINA (C.	The second of	DAGE Assets teller
1 Never Married 2 Married	FORCES? 1	YES NO		cify Cuban, Mexica			. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TYES 2	2 NO Specifi	<i>f</i> :		Specify:
	1						Megrou
15. DECEDENT		(Give kind of w	USUAL OCCUPATION ork done during most	t of working	16b. KIND	OF BUSINESS/INDUS	TRY
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Li	College (1-4 or 5+)	life. Do NOT use	e retired.)				
Q L		LA50	1				
17. FATHER'S NAME (First, Middle, La	ot) _ h /			16. MOTHER'S NA	ME (First, Middle, I	faiden Syrname)	
	FUIKS		l l	Amo	ndA	ROS	
19a, INFORMANT'S NAME (Type/Prin)	19b. MAILING	ADDRESS (Street an	d Number or Rural	Route Number, City	or Town, State, Zip Co	ode)
Clanny	1 Henson		SELI	13 - 1	110 1	notes a	12/21
DIENCITIA	1 1141301		1-411	UNIT	400	1/110 11	61001
20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3		20b. PLACE ANO DATE of cometary, crematory	or other placele	Name	DATE 2	BC. LOCATION — CIT	y or Town, State
【 □ Donation 5 □ Other (Specify		Wester	LA STA	m Ca	1/1	121118	r. nel)
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22, NAME AND	D ADDRESS OF FA	OKITY		
Bests	Funeral	Home	112	914.6	PRO.	line	5%
23. PART I. Enter the diseese	. or complications that ca	used the death. Do a					
			ot enter the mod	le of dylng, suc	h as cerdiec o	respiratory arres	
shock, or heert fe	llure. List only one ceuse		ot enter the mod	le of dylng, suc	h aa cerdlec o	respiratory arres	Interval Between
shock, or heert fe	llure. List only one ceuse	on each line.	ot enter the mod	le of dying, suc	h aa cerdiec o	respiratory arres	
shock, or heert fe	Illure. List only one ceuse	on each line.	- 20-22 - 32	le of dylng, suc	h aa cerdlec oi	respiratory arres	Interval Between
shock, or heert fe	Illure. List only one ceuse	on each line.	- 20-22 - 32	le of dylng, suc	h aa cerdlec oi	respiratory arres	Interval Between
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immediate cause (Final disease or condition resulting in desth)	Bue to (or	on each line.	nfayet	le of dylng, suc	h aa cerdlec ol	respiratory arres	Interval Between
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burial transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203 urs after death. Page 6 may be retained by the himman TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

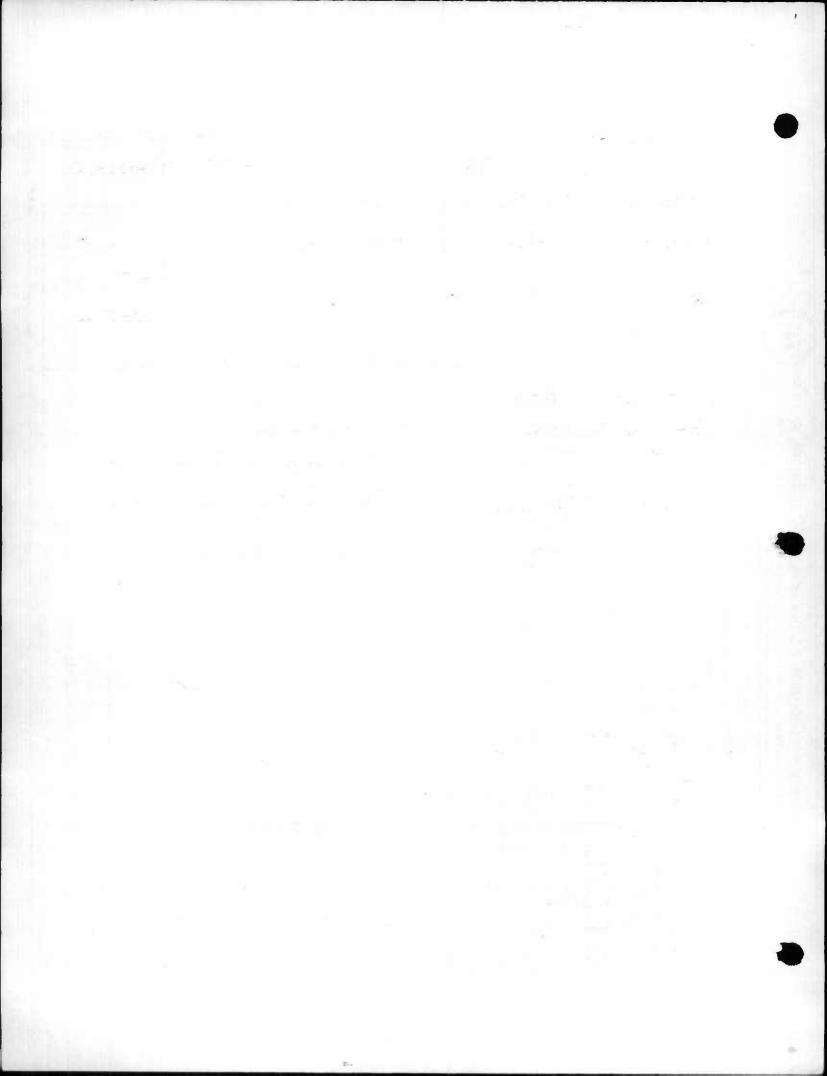
31. DATE FILED (Moriti, Day, Year)
APR 1 2 1991

						9	1 09931
1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFIE	MENT OF H	DEATH AND	MENTAL HYGIEN REG. NO.	E	00001
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	. v	3. TIME OF DEATH
FANNIE - HA	RN				4- 4	_	
4. SOCIAL SECURITY NUMBER	6. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
212-01-5414	1 - M 2 - F	92 YRS.	MONTHS DAYS	HOURS MIN.	5-15-9	8 5	JARY AM
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
FRANCIS SCO	TT KEY		BAL	TiMOR	2		
RESIDENCE OF DECEDENT		1200					Town Market and
10a Ba	timore Co.	10c.	Ess	ex			10d. INSIDE CITY LIMITS?
HRYLAND ST.	THE		21012	(Heerte			1 Tes 2 No
100. STREET AND NUMBER 1 Eastern Blv.			10	21221		10g. CITIZEN	OF WHAT COUNTRY?
						V	-J.H.
11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E	YES 2 NO	If yes, sp	ecify Cuban, Maxic	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.)	or No — 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗀 YES	NO Specif	fy:		Specify:
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S U	JSUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUS	TRY
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during mo	ost of working			
Elementary/Secondary (0-12)	Conege (I-4 of 5 +)	SELES	- 9m	Denwo	C7'.6	7 2/4	1110
17. FATHER'S NAME (First, Middle, Last)		30001	el 11 v		AME (First, Middle, Maiden	Surname)	-200
AMBROSS	HARN						
19a. INFORMANT'S NAME (Type/Print)	1111111111	19b. MAILING	AODRESS (Street	and Number or Rural	Route Number, City or Tow	n, Stata, Zip Co	de)
FAMILY REC	RAS	50	me	SOA PR	IVE		
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSI	TION (Name of ce			CATION — City	or Town, State
1 Buriel 2 Cremation 3 Remo	wel from State	Care place)	Journ	CREME	FRY B	OTTO	Mr.
21. SIGNATORE OF FUNERAL SERVICE LIC	ENSEE	V ICCOLL I	22. NAME A	ND ADDRESS OF F	ACILITY _ CO	00 - 0	
100	5 1		SVAC	BCHAR	ST OF LIFE	2,100	ما ت
Karlo A	d and		1880	O HARF	-ORO KOAK	3 - TA	RKVILLS
23. PART I. Enter the diseeses, or of ahock, or heart failure.	omplications that co List only one cause	sused the deeth. Do no on each line.	ot enter the mo	ode of dying, au	ch aa cerdiec or reap	iretory arrea	t, Approximate Interval Between
IMMEDIATE CAUSE (Final	0.1	1 0 0		. ^ .			Onset and Death
disease or condition		levotre Cor		MASCOLOR	Seare	,	
	DUE TO (OF	AS A CONSEQUENCE OF):				
Sequentially list conditions,)						
If any, leading to immediate ceuse. Enter UNDERLYING	DOE 10 (OF	AS A CONSEQUENCE OF):				
CAUSE (Disease or Injury	DUE TO (OF	AS A CONSEQUENCE OF	1,				
that initiated eventa resulting in deeth) LAST	332 13 (3.	THE A CONSECUTION OF	,.				
	1.						
PART II. Other algnificant condition	a contributing to de	eth but not resulting is	n the underlyin	g cause given in	Part I, 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Hypertausien;	market & Ca	uea			1 _ YES :		COMPLETION OF CAUSE OF DEATH?
. 10							1 TYES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL		/	26. P	LACE OF DEATH (C	heck only one)		
1 YES 2 4HO	HOSPITAL:	R/Outpetlant 3 DOA	OTHER:	ne 5 🗆 Rasidenca	6 Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF IN.	JURY 28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HOW	NJURY OCCUP	RED
1 Natural 5 Pending	(Month, Day,	Year) INJI		ORK? YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF II	VJURY — At home, farm, st	treet, factory, offic	ce	281, LOCATION (Street	and Number or	Rural Route Number,
4 Homicide determined	building, atc	(Specify)			City or Town, State		
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	knowledge, death occurre	d at the time. dat	and place, and de-	e to the cause(s) and ma	nner as stated	
(Orlean Dray	4-11						ause(a) and manner as stated.
29L SIGNATURE AND TITLE OF CERTIFIE			over campi	29c, LICENSE NU			
	wanton	D		DI	9667	Þ 4	IGNED (Month, Day, Year)

ED CAUSE OF DEATH (ITEM 27) (Type, Print)

Davids

Loca Hannoness Came 21721



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, APR

HELEN !	FOFFMAS	TER		F DEATH		DAY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-24-2551		yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. Bif	ATHPLACE (State or Foreign unity) ennsylvania
90. FACILITY NAME (If not institution, give a		0	9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY O	
SUAI HOSPI	TAL		Ba	altimore (City	Baltimo	re City
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	·	100 CIT	Y, TOWN OR LO	CATION			
MD Bal	ltimore City	100. 011		imore Cit	у		10d. INSIDE CITY LIMITS? YES 2 \(\text{NO} \) NO
100. STREET AND NUMBER 3939 ROLA	ND AUG AP+	408		2121	1	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		If yes,	DECENDENT OF HISPA specify Cuban, Mexico (ES 2 X X X Specific		В	ACE — American Indian, lack, White, etc. pecify: hite
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)	JCATION e completed) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life. Do NOT us	work done during		16b. KIND OF B	USINESS/INDUSTR	1
		Н	omemake	er			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meide	n Surneme)	
Charles Freder	ick			-			
William Hoffmast	or				Route Number, City or To		
				ge Circle			entucky 4104
### METHOD OF DISPOSITION ### Burlal 2 □ Cremation 3 □ Rem ### Donetion 5 □ Other (Specify)	noval from State	PLACE AND DAT			4.15 20c. L	OCATION — CHY OF WOOdlaw	•
21. BIGNATURE OF FUNERAL SERVICE U	Carpenter	7	3631	Falls Rd	Baltimon	-Henss F re, Mary	uneral Home land 21211
23. PART I. Enter the dipeases, or	complications that caused. List only one cause on ea	the deeth. Do	not enter the	mode of dying, suc	ch es cardiec or ree	piratory arrest,	Approximate
IMMEDIATE CAUSE (Final	Const only one cause on ea	e .					Onset and Dear
disease or condition resulting in deeth)	e Cord	we a	next				menute
	DUE TO (OR AS A	CUNSEQUENCE O	MFT):				
	(07	1 0	Pm-	D. Z			0
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if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	a Atul for	bullet		ut pos	nble In	loli	Ins-day
if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	c. A trud for DUE TO (OR AS A	CONSEQUENCE O	PF):	-	1 Part I. 24s. WAS A	IN AUTOPSY DRMED?	Losury Lus - Joy 24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	c. A trud for DUE TO (OR AS A	CONSEQUENCE O	PF):	-	1 Pert I. 24s. WAS A PERF	IN AUTOPSY DRMED?	COMPLETION OF CAUSE
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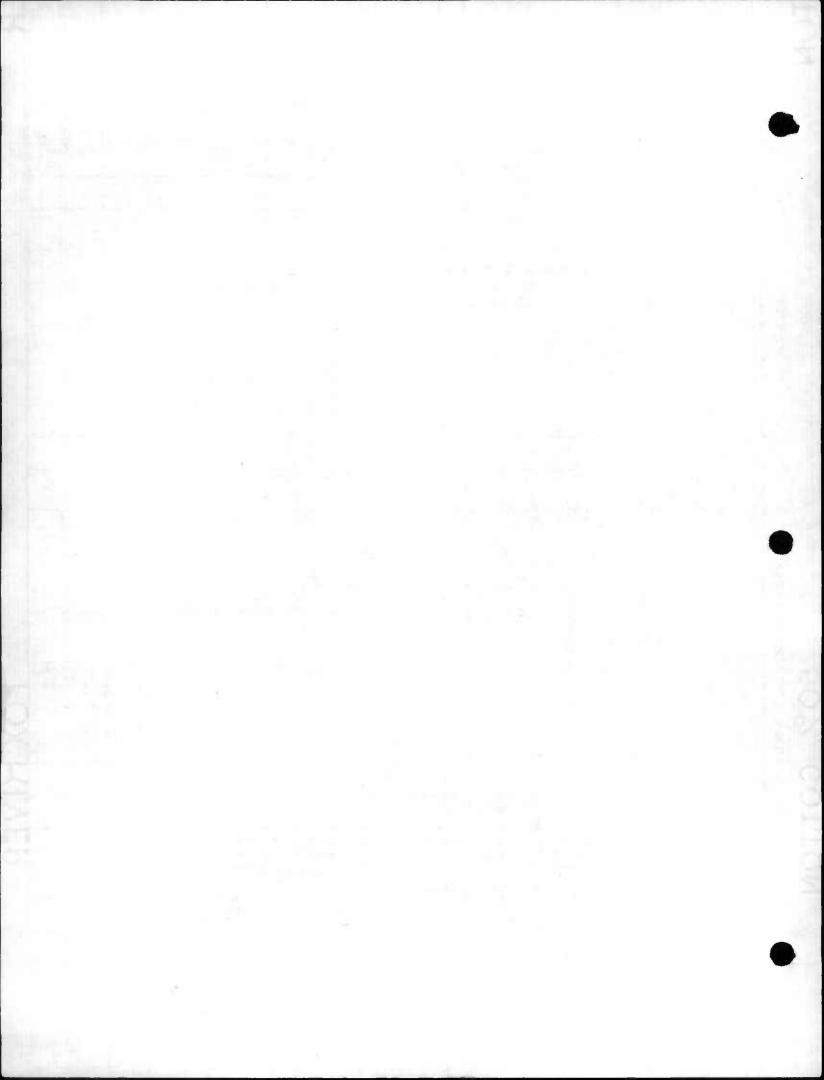
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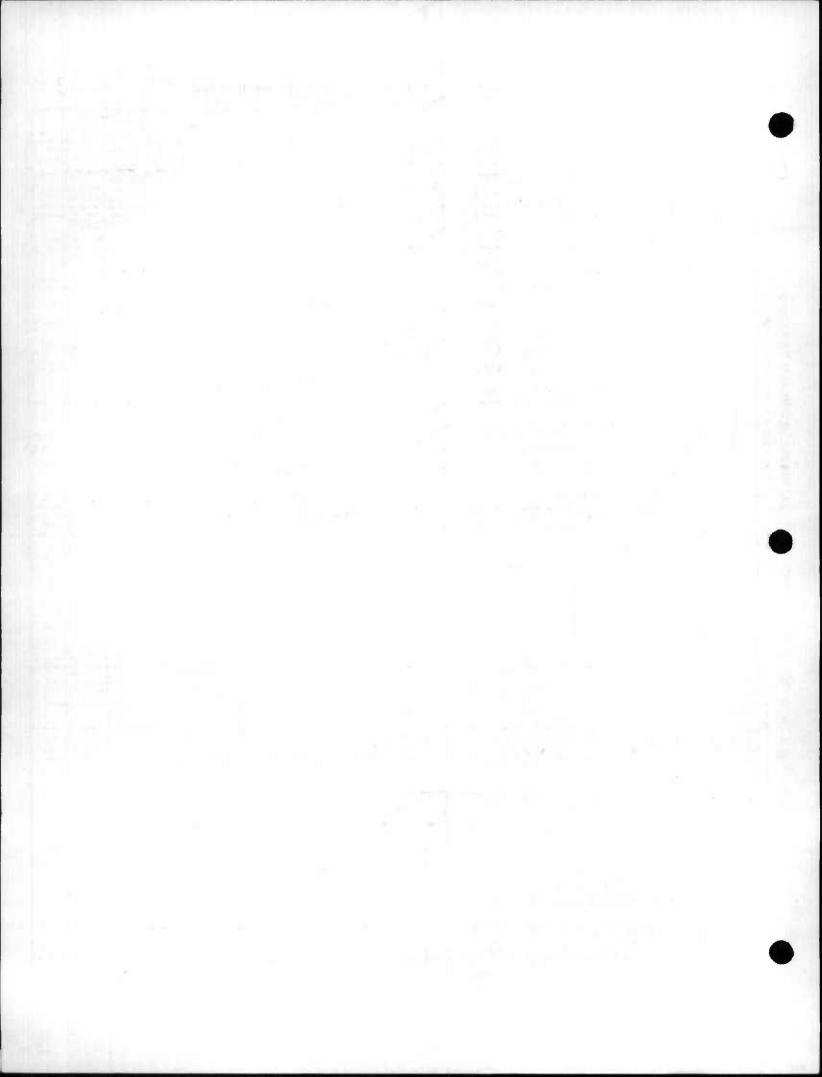


ysician.	mal-transit permit. Pages 1, 2,	
d by the hospital or attending pl	id be detached for use as the by	d at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, he after within 72 hours after death with the State Deut, of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ate be executed within 24 hours a	ysician and completely filled in by prior to burial, cremation, or ren	r traumatic event, the medi-
aw requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune within 20 hours after death with the State Dect. of Health and Mental Hotelee prior to burial, cremation, or removal.	3 shows any injury, or othe
R ATTENDING PHYSICIAN: The Is	RECTOR: After this certificate has	m 28 Is marked, or Item 2
TO THE HOSPITAL OF	TO THE FUNERAL DIP	IMPORTANT: If Its

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Lest) Raymond L. 4. SOCIAL SECURITY NUMBER 5. SEX 0 2 5 − 0 7 − 9 7 2 6 1 ▼ M 2 □ F	Hebert			2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6.	Hebert					
				04 0	9 199	1:50AM
7,20	AGE (In yrs. last birthday) 7 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) De C . 27,		BIRTHPLACE (State or Foreign Country) assachusett
9a. FACILITY NAME (If not institution, give street and number) Montgomery General Hospit RESIDENCE OF DECEDENT	al	96. CITY, TOWN O	OR LOCATION OF DI	EATH	9c. COUNTY	of DEATH
10a. STATE 10b. COUNTY Maryland Montgomery	10c. CIT	v, town or Local				10d. INSIDE CITY LIMITS? 1 YES 2 7 NO
Montgomery General Hospit RESIDENCE OF DECEDENT 10a. STATE Maryland Montgomery 10b. COUNTY Maryland Montgomery 10b. STREET AND NUMBER 3376 Chiswick Court 11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1		100	20906			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 1 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yes or No — 14	Black, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Nanoleon Hebert	16a. DECEDENT'S (Give kind of Ma. Do NOT u Chemi	USUAL OCCUPATION WORK done during more retired.)	DN at al working		ral Go	vernment
17. FATHER'S NAME (First, Middle, Last) Napoleon Hebert			18. MOTHER'S NA Joseph	ME (First, Middle, Meid ine A.	en Sumeme) Goudre	au
19a. INFORMANT'S NAME (Type/Print) Gerard A. Frechette	196. MAILING 13 Be	ADDRESS (Street of	und Number or Rural Street,	Aoute Number, City or 1 Methuen	own, State, Zip Co	01844
20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPO S COUNTY END I	smon (Name of ce Ieart C	metery, cremetory or emetery	An	dover,	y or Town, State Massachuset
21. SIGNATURE OF FISHERAL SERVICE LICENSEE		Ives-		Funera		s on, Va. 2220]
resulting in destin)	on each line. MONARY EI	DEMA	de of dying, suc	ch as cardiac or rec	spiretory arrea	Approximate interval Between Onset and Dest
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE CHEERE PROPERLY IN CAUSE Pleases or Injury	ONARY ART	TERIOSC OF):	LEROSIS	5		Years
PART II. Other algorificant conditions contributing to de Infarct, left cere Monilia septicemia	A CONTRACTOR OF THE CONTRACTOR		g ceuse given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 57 YES 2 \(\sqrt{1}\) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			LACE OF DEATH (C)	heck only one)		
1 YES 2 X NO 1 X Inpatient 2 E		and the second second	NO 5 Residence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
2 Accident Investigation	M 1 YES 2 NO DF INJURY — At home, farm, street, factory, office, etc. (Specify)		281. LOCATION (Street and Number or Flural Route Number, City or Town, State)			
3 Sulcide 6 Could not be builtiling, etc. 4 Homicide 6 Could not be determined builtiling, etc. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of example of the basis of example one of the basis of exampl						
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d, DATE S	SIGNED (Month, Day, Year)
	Patholos	gist	D2953	18	D 41	9/91
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Julian T Coggin, M.D. 31. DATE FILED (Morrit), Day, Year) 32. REGISTRANS	. Montgo	omery G			Olney.	



8. BIRTHPLACE (State or Foreign Country) Maryland

4-8-91 - 91

9c. COUNTY OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 12-16-1911

3. TIME OF DEATH 7: 00p

3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Blivia

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

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4. SOCIAL SECURITY NUMBER

212-09-8429

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DIRECTOR	St. Agnes Hosp	ital		Balt	imore		_		
<u>ا</u>	10a. STATE 10b. COUNTY	10c. CITY, TO	10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT						
_ 1	Maryland Bal	Ва	ltim	ore			1 (YES 2 NO	
ONE COL	10e. STREET AND NUMBER		101. ZIP CODE					T COUNTRY?	
	4304 Wilkens Av	ENUE			21229		USA		
111	11. MARITAL STATUS 12 1 Never Married 2 Married	. ⊠NO	If yes, s	specify Cuban, Maxica		n or No— 1	Black, W	American Indian, hita, etc.	
ED BY	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DATE:			ES 2 NO Specify			_	White
	15. OECEOENT'S EDUCATI (Specify only highest grade com	npleted)	 DECEDENT'S USL (Give kind of work life. Do NOT use re 	done during r		16b. KINO OF BU	SINESS/INDU	STRY	
COMPLE	12th	college (1-4 or 5+)	Reserva	tion	Hostess		dvie	w Ap	ts.
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE	Robert Crull					ret Ogleb			
2	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 140 Sandy Beach Dr., Pasadena, MD 21122								01100
	20s. METHOD OF DISPOSITION	205 05	ACE AND DATE OF				cation - c		
	1 N Burial 2 Cremation 3 Removal	from State	etary crematory or o	other place)	emetery	1			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		udoll 1 a	22, NAME	AND ADDRESS OF FA	CILITY	Balti		
- 33						neral Hon			1228
- 4	George E. MacNabb 301 Frederick Rd, Catonsville, MI 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):		erdia (5	3		
MEDICAL	PART II. Other significant conditions c	contributing to death but					AUTOPSY RMED? NO	AM CC Of	ERE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			-				10	
딣	EXAMINER?	IOSPITAL:		THER:	PLACE OF OEATH (Ch ome 6 ☐ Residence				
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 1	NJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCL	JAED	
מח	2 Accident Investigation 3 Suicide 6 Could-not be 4 Homicide getermined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, of	fica	281. LOCATION (Street City or Town, State	and Number o	r Rural Rout	e Number,
COMPLEIED	29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one)								
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of exemination as	nd/or investigation, i	n my opinion					
200	An fel f	> M).			AS2	43 +5267		4 E	onth, Day, Year)
2	30. NAMÉ AND ADDRESS OF PERSON WHO C	SAMUEL				4.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	JAE	<u>بر</u>					
	4-8-4 APR 12	1991 guh	a Davidson	Mandell	2				
	,								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

Olivia Crull Hunt

MONTH

ON THE PROPERTY OF MENTAL HYGIENE

REG. NO.

2. DATE OF DEATH

MONTH

OF MENTAL HYGIENE

REG. NO.

2. DATE OF DEATH

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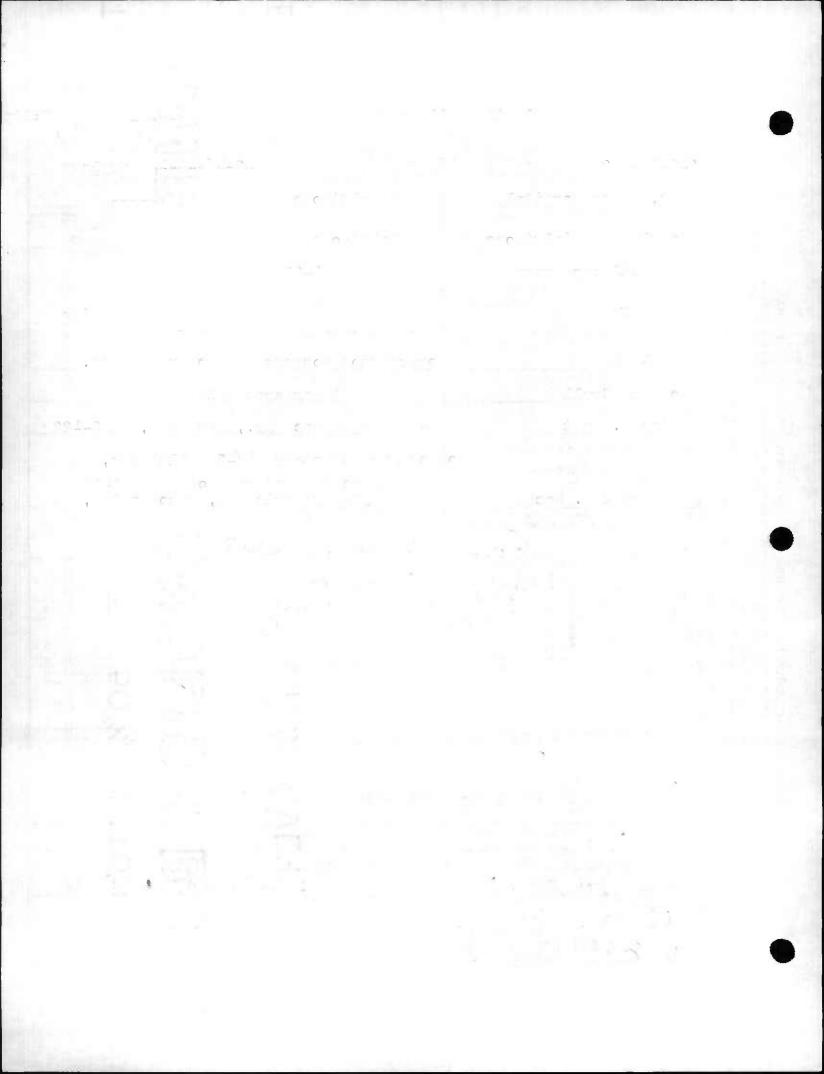
IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

YAS.

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENE REG. NO.	91 0993	15	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	3. TIME OF DEATH		
			es, Sr			1 0 20		М	
1	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Cey, Year) 6-10-1917	8. BIRTHPLACE (State or Fore Country)	nign	
	L17-00 100L		73 YRS.						
TOR	9a. FACILITY NAME (If not institution, give street and number) 4113 Hayward Avenue Besidence of Decement								
DIRECTOR	10a. STATE 10b. COUNTY		town on Locat ltimore	ION		10d. INSIDE CITY LIMITS? 1 🖄 YES 2 🗌 N	NO		
FUNERAL	100. STREET AND NUMBER 4113 Hayward Avenu	•	101	CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 XNO TES	If yes, spe		NIC ORIGIN? (Specify Yea or No. n, Puerto Ricen, etc.)	- 14. RACE - American Indian Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		16a. OECEOENT'S I (Give ldnd of w life. Do NOT use	ork done durina mo	ON at of working	Commercial			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Jessie James				10. MOTHER'S NA	ME (First, Middle, Malden Surnan a Sellers	10)		
TO B	180. INFORMANT'S NAME (Type/Print) Leroy James		Comment of the comment			Route Number, City or Yown, State timore, Md 21220			
	20a METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Remote 4 Donation	val from State OAG	PLACE AND DATE emetary, crematory DUCUS META	oria l'Parl	ζ΄	41291 Arbutu	N — City or Town, State	1	
	21. SIGNATURE OF FUNEBAL SERVICE LICE	Elvon		Mar	ch F/H W Wabas		ACCUPATION OF		
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A DI ABE	MYO	PAT E H E ME	HY	FAILUR	interval Be Onset and	etween	
MEDICAL	PART II. Other eignificant conditions	PART II. Other significant conditions contributing to death but no			g in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES				
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck anly one)			
SIC	EXAMINER? 1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 DOA	OTHER:	ne 6 🗆 Residenca	6 ☐ Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c, IN.	JURY AT ORK?	28d. OEŞCRIBE HOW INJURY	OCCURED		
ВУ	1 Netural 6 Pending 2 Accident Investigation				YES 2 NO				
8	3 Suicide 6 Could not be 4 Homicide determined	26e, PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, offic	ca .	26f. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,		
COMPLET	One)					a to the cause(a) and manner as a time, data and place, and due	e stated. to the cause(a) and manner as st	tated.	
BE C	20b. SIGNATURE AND TITLE OF CERTIFIER	79			29c, LICENSE NU	MBER 29d.	. DATE SIGNED (Month, Day, Year)	,	
2	30. NAME AND ADDRESS OF PERSON WHO	.1 1 0	0		7 7/2	.17	71117/		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	0. 100	016	. 1 (
NAME OF STREET	"APR 1 2 1991	rupa veridon-a	ande						

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ISION OF VITAL RECORDS, F.O. BOA 66/60	INTERNITION DUVELOIAN. The law requires that the death certificate he executed within 24 hours after dea
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IERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

T: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. after death. Page 6 may be retained by the hospital or attending physician. PITAL OR ATTENDING PHYSIC

500					9	09936		
1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		2.5		
1. DECEDENT'S NAME (First, Middle, Lest)	D. Johnson			dil.		3. TIME OF DEATH		
2.46-04-8101	6. SEX 1 M 2 F	33 FRE. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	57	BIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not Institution, give a UNIVERSITY OF M RESIDENCE OF DECEDENT			BALTIMO	RE City	9c. COUNTY	OF DEATH		
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10 MARCHAND								
10s. STREET AND NUMBER	Rdene Rd.	ApT-A	101. ZIP CODE	9	10g. CITIZEI	of WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)	na or No— 14	. RACE — American Indian, Black, White, etc.		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION 16e.	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired,	during most of working	16b. KIND OF BO	JSINESS/INDUS	TRY		
17. FATHER'S NAME (First, Middle, Lest)		CASA	16. MOTHER'S N	AME (First, Middle, Maide	N/S	Food		
GEORGE JUH	MSON		KATE	HT. N.	roms	,		
MYS, Jean 1.	RAINEL	1202 S	SS (Street and Number or Rural	AUC. C	MI, State, Zip Co	md, 21229		
20a. METHOD OF DISPOSITION 1	ioval from Stata	CE ANO DATE OF OIS		15 20c. k	TUSO	y or Town State		
21. SIGNATURE OF FUNERAL SERVICE LI	L Quess	22	NAME AND ADDRESS OF F	ENSS FU	Nerk	1 Home		
IMMEDIATE CAUSE (Final disease or condition	List only one cause on each	line.	r the mode of dylng, su	ch es cardiec Dr rea	piratory arrea	t, Approximate interval Between Onset and Dea		
disease or condition resulting in death) a. Cardio pulmonary arraof DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c. Serzure	NSEQUENCE OF):				30 min		
that initiated events resulting in death) LAST	d. brain tu	mor 3 years						
PART II. Other algoriticent condition Starph au	na contributing to death but n		inderlying ceuse given in		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATN (C	heck only one)				
EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outpatien		R: ursing Nome 6 - Residence					
27. MANNER OF DEATN 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm, street, fa						
one)	SICIAN: To the best of my knowledge ER: On the basis of examination and							
296. SIGNATURE AND TITLE OF CERTIFIE	2 0		29c. LICENSE NU			BIGNED (Month, Day, Year)		
K. austri 1	Japle no	48844	023	1809		110/91		
20. NAME AND ADDRESS OF PERSON W	mo, Unive	richy of A	18. Canon C	tr, 22 S	. Green	e St, Bolt.		
FIRT 2 1991	32. REGISTRAR'S SIGNATUR	RE Lette						

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1. DECEDENT'S NAME (First, Middle, Last)	ANTHONY	MILT		KING	\		MONTH	OF DEATH	NY 100	EAR	3. TIME O	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs, It		(90-44		NDER 24 HRS.	03	26 OF BIRTH	199			1:35 P
213-86-2646	1 M 2 □ F	25			DAYS HOU		(Month	, Day, Year)	0.	Country	y)	ne or roreign
Se. FACILITY NAME (If not institution, give	45		,	9b, CITY, T	DWN OR LO	CATION OF D	3/9,	/66	9c. COUNTY		Zland	
5100 BLOCK OF GOO		D		100		E CIT						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		10c. CIT	TY, TOWN OR	LOCATION						10d. INSI	DE CITY
MD				LITIMOR		•					LIMIT	2 NO
10e. STREET AND NUMBER			1,21,31		101, ZIP				10g. CITIZEN	N OF W		
2503 PARK HTS.	TERRACE				21	215			U.S	. A.		
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED		S DECENDE	NT OF HISPA		7 (Specify Yea				an Indian, c.
Never Married 2 Married	IF YES, GIVE V	MAR OR DATES	NO		res, specify (Cuban, Maxic TNO Speci		Rican, etc.)		Specif		c.
3 Wildowed 4 Divorced	1										BLAC	K
15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	1 (Give kind of the Do NOT u	Work done du	UPATION ring most of v	vorking	16b.	KIND OF BUS	SINESS/INDUS	TRY		
Elementary/Secondary (0-12) 12–TH	College (1-4 or 5	+)			•			ALFIYO 1	DEALER	SHI SHI	ПР	
17. FATHER'S NAME (First, Middle, Last)		AU	TU MI	ECHANI		MOTHER'S M	ME /Elmt /	Viddle, Maiden	3.5			_
					10.							
19a. INFORMANT'S NAME (Type/Print)	-	1	19b. MAILING	G ADDRESS (Street and Nu	DEPOR		oer, City or Tow	m, State, Zip Co	ode)	-	
MRS. DEBORAH J	TOHNSON		2503			TERR		·	MD. 2		5	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren				UF OF DISPOS			DAT		CATION City			
23 PART I. Enter the diseases, or shock or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications the	T WOUND	OF A	/ECK	SPER	CIR 4	464	4 P	MLIC Dry a	0	RO	Proximate prval Between
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TO THE HOSPITAL OR ATTENDIAL THE LAW requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital oriented. It is not required by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-page 7.2, 3 should be filed within 72 hours after death. Or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is married, or team 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital on-estending physicient.

AL RECORDS, P.O. BOX 68760,

DIVISIO

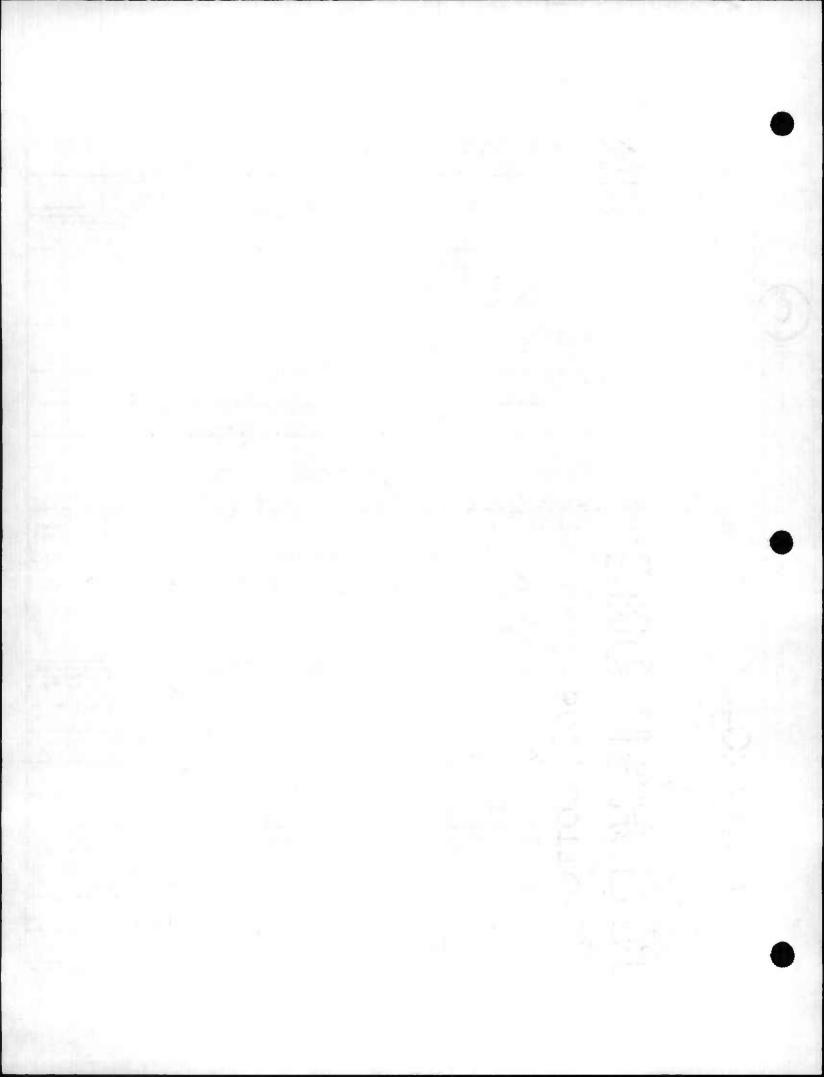
91 09938

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E .	0 2 2 3 0
3) 1	DECEDENT'S NAME (First, Middle, Lest) WALTER	(Volodimir KOTELEVITS				2. DATE OF DEATH DATE OF DAT	1991	3. TIME OF OEATH 04:08 A M
1	. SOCIAL SECURITY NUMBER 212–60–7608 S. FACILITY NAME (If not institution, give st	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-09-195	8. BHRTHPLACE (State or Foreign Country) Maryland 1 sc. COUNTY OF DEATH			
- 11	THE JOHNS HOPKIN			BALTIM				ORE CITY
	Maryland 10b. county			timore				10d. INSIDE CITY LIMITS? 1) YES 2 NO
1 2	oo. street and number 205 North Milton /	Avenue		100	ZIP CODE 21224		ed States	
3	1. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V WO		city Cuben, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. R B	ACE — American Indien, leck, White, etc. pecify: White
	16. OECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Salesi	rk done during mo: retired.)	N I of working	Woodwa	SINESS/INDUSTR	
1	7. FATHER'S NAME (First, Middle, Last) Aleksy Kotelevits	6				me (First, Middle, Maiden a Werbycka	Surname)	
1	Aleksy Kotelevits	6			nd Number or Rural F Lton Ave	houte Number, City or Yow Baltimo		
1 1	0e, METHOD OF OISPOSITION Burlel 2 Cremetion 3 Reme		Cemetary Crefoatory of			1	cation — chy o litmore	, Maryland
2	1. SIGNATURE OF FUNERAL SERVICE LIC	Selene	ki	Lilly	& Zeilei astern /	inc. Fu	neral H	
	MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF):) mune	deficie	ncy Sn	Onset and Death
	PART II. Other significent condition Kapo in Series Jan wyloperun	e contributing to death b		the underlying		Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
	1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	1 Inpatient 2 ER/Outs 26s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Spe	26b. TIME INJU	OF 28c. INJ	URY AT RK? 'ES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State	and Number or Ru	
COMPLETED	4 Homicide determined 19e. CERTIFIER (Check only one)	ICIAN: To the best of my know	riedge, death occurred			to the cause(e) end me	nner as stated.	uss(e) and menner ee stated.
1	196. SIGNATURE AND TITLE OF CERTIFIE	h 1	1		29c. LICENSE NUI	ABER	N VI	NED (Month, Day, Year)
	O. NAME AND ADDRESS OF PERSON WH	Hey Johns	Poplune	Hospe 1	nd 600	N. Wolfes	t. Bal	Mouros
	APR 1 2 1991 A	32. REGISTRAR'S SIGN						

which it will produce to

	REGISTRAR	CI	ERTIFIC	ATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE	AR	TIME OF DEATH	d
		err				4 9	199	1 !	5:03 A	7 .
- 8	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	6. AGE (In yrs. les		UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) U1-U9-2		BIRTHPLA Country)	CE (State or For	eign
ron	96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF GEATH Memorial Hospital Easton Talbot									
DIRECTOR	residence of decedent 10a. state 10b. county Maryland Talbot		10c. CITY, 1	TOWN OR LOCA	ATION				I. INSIDE CITY LIMITS?	
FUNERAL	10e. STREET AND NUMBER 309 South Hanson St.		пцав	10	01. ZIP COOE 21601		10g. CITIZEN	OF WHA	COUNTRY?	
à l	1 V Naver Married 2 Married FORCES?	NT EVER IN U.S. AF 1 YES 2 X	IMEO NO	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerte Ricen, etc.)	e or No— 14.	RACE — Black, W Specify:	American Indie	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			UAL OCCUPAT		16b, KIND OF BU	SINESS/INDUST	TRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or to 1)	B+)	. Do NOT use n	etired.)	Secreta	637				
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Surname)			
BE C	John Kerr				Isabe			arn	er	
2	Betty Kerr Harmsen				son ST.	Route Number, City or Tox				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	20b. PLACE		F DISPOSITIO		DATE 20c. LO	OCATION — City		607 State	
	4 Donation 8 □ Other (Specify)	aLD Wad			AND ADDRESS OF FA	State			у Воат	
	/ may/lll	Section 1				imore St				_
	23. PART I. Enter the diseases, or complications the shock, or heart feliure. List only one or immediate CAUSE (Finel disease or condition resulting in death)	RENI	e. A L	_	ILURE	n as cardiac or resp	orratory arrest	•	Approximation interval Be Onset and	etweer
Z	C A	RCINO	-			RVIX	UTE	RI	8 m	0.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	d								1	
MEDICAL	PART ii. Other algnificant conditions contributing	to death but not	resulting in	tha underlyi	ng cause given in		RMED?	AN CC OI	ERE AUTOPSY FI AILABLE PRIOR OMPLETION OF C F DEATH?	TO
AN: ME										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			THER:	PLACE OF DEATH (C/					
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE	Day, Year)	28b. TIME (OF 28c. II	NJURY AT VORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	NED		
TED BY PH	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At h	ome, farm, str		/	28f. LOCATION (Street City or Town, State	end Number or .	Rural Rou	e Number,	
D BE COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of							auso(a) e	nd manner se s	tated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 4-9-91									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF TOWN A. HAWKIN SON M	D-11 E	ARLE,	AUE, L	= A STON	MD-	2160	1		
	APR 1 1991 Julia Day	HAR'S SIGNATURE	wei	7						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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	FOR STATE REGISTRAR	TATE OF MARYLAND / D	EPARTMENT OF I		ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5. S.	LARILIFIE 8. AGE (In vis. lest b	75		2. DATE OF DEATH	-41	3. TIME OF DEATH 205 A		
	0	M 2 DF 6/	YRS. MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEA	2. DATE OF BIRTH (Month, Day, Year) 9-1-2 TH	9 Sc. COUNTY	OF DEATH		
DIRECTOR	PASIDENCE OF DECEDENT TO A STATE 106, COUNTY	mt st	10c. CITY, TOWN OR LOC	Thiner &	City		10d. INSIDE CITY		
_	Manyland 100. STREET AND NUMBER	4 .+	BAIT,	may e) or. ZIP CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?		
BY FUNERAL	1 News Married 2 Married	MAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 WHO FYES, GIVE WAR OR DATES	If yes, a	CENDENT OF HISPANIC pecify Cuban, Mexican, S 2 No Specify:		s or No — 14.	RACE — American Indian, Black, White, etc.		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade compile Elementary/Secondary (0-12) Col	N 16s. DECE (G/No life. D	DENT'S USUAL OCCUPAT kind of work done during in o NOT use retired.)	ION get of working	18b. KIND OF BU	SINESS/INDUST	RY		
BE COMPL	17. PATHER'S NAME (First, Middle, Last)	llipmson	J	MAde	E (First, Middle, Maider	WATTS	,		
5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Route, Zip Code)								
	2 SIGNATURE OF FUNERAL SERVICE LICENSE	UKU	rematory or outer places	HO DOBRESA OF FAC	USS FU	Neval	Home It		
	23. PART I. Enter the diseases, or companion, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition	ilications that caused the destination on a cause on each line.	. 0	oda of dying, such			Approximate interval Batwee Onset and Des		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENTE DU	ENCE OF):						
MEDICAL CE	PART II. Other significant conditions con	ntributing to deeth but not rea	uiting in the underlyi	ng cause given in F	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		SPITAL:	OTHER:	PLACE OF DEATH (Che					
BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY W	NJURY AT AORK? YES 2 NO	28d, DESCRIBE HOW				
MPLETED	3 Suicide 4 Homicide 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29. CERTIFIER (Check only one) 29. CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 28. CERTIFUNO PHYSICIAN: To the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
Sec.	29b. SIGNATURE AND TITLE OF CERTIFIER	Nachetti	w	29c. LICENSE NUM			GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO CO CUAN SP Page 31. DATE FILED (Month, Day, Year)	19 et W	27) (Type, Print) 560 Lc	och Rav	en Blud	. B	affiliare h		
	APR 1 2 1991 9	he Devidor- Ronda	2				DHMH-16 Rev		



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19812 1991 John King Friede

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL HYGIEN REG. NO		01 09941			
,	1. DECEDENT'S NAME (First, Middle, Lest) ANTHONY	DAVID		LAUGHM	I A M	0 4	AY YE				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8 9	HRTHPLACE (State or Foreign			
	184-68-2124	1 00 M 2 □ F 5	YRS.	MONTHS DAY	HOURS MIN.	6-4-1985	Pa	ountry)			
	9a. FACILITY NAME (if not institution, give str	reet and number)		9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY				
6	THE JOHNS HOPKINS	HOSPITAL		BAL	ITMORE CI	TY	BALTI	MORE			
ភ្ជ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CI	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
DIRECTOR		Adams			e Twp.	rs		LIMITS?			
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
	875 Cranberry Roa	d			17304		USA				
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian, Black, White, etc.			
<u>_</u>	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Specif			Specify:			
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND OF BU	SINESS/INDUST	White			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	most of working						
릴	0		-				-				
Ď.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden	Surneme)				
BE	Earl D. Laughman				Shirl	ey A. Garz	a				
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
	Earl D. Laughman		b. PLACE AND DAT			Aspers, Pa	• 17304 CATION City				
	1 Buriel 2 Cremation 3 Remo	oval from State of	cemetary, cremator endersvi	v or other place)				ville, Pa. 1730			
	21. SIGNATURE OF FUNERAL SERVICE LICE		HUGIBATI		AND ADDRESS OF F			LTIMORE ST			
	MP.	tida -		SKILES FUNERAL HOME TANEYTOWN, MD							
	23. PART I. Enter the diseases, or o	omplications that cause	d the deeth. Do	not anter the	mode of dyling, suc	ch as cardlec or resp	Iratory arrest.	Approximate			
	shock, or heart fellure. I	ifst only one cause on e	each line.			- steered - Ale		Interval Between Onset and Death			
	disease or condition resulting in death)	Cerebr	ral He	morri	rase			59 kg.			
	resoluting in death)		A CONSEQUENCE O		-						
2	Sequentially list conditions,	D									
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	PF):							
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE O	OF):							
	resulting in death) LAST	d									
5	PART II. Other significant condition	s contributing to death i	but not resulting	in the underly	Ing cause given in	Part I. 24a, WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
8	Disseminated					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	71570			3	0	1 TVES	2 140	OF DEATH?			
2								· la rea rapido			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)					
	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	iome 5 🗆 Residence	8 - Other (Specify)					
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TH	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
à	2 Accident Investigation	28e. PLACE OF INJUR	N 41 hama fam		YES 2 NO	*** 1.004TION ******		New York			
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Spe		erreet, factory, t	1170	281. LOCATION (Street City or Town, State)	war route wornes,			
7	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the bast of my know	wledge, death occur	red at the time,	late end place, end du	e to the cause(e) end ma	nner ee stated.	114-			
₩ 0	anal .	R: On the basis of examination	on end/or investigat	lon, in my opinio	n, death occured at th	e time, date and place, a	nd due to the ce	ouse(e) end menner as stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIEF	ŧ			29c. LICENSE NU	JMBER		GNED (Month, Day, Year)			
0	Arch (MOZHUD	,					× 4-	3-91			
	Beth A. Vogt M		EATH (ITEM 27) (Typ	e, Print)							
	31. DATE FILEO (Month, Day, Year) 4-31-0917 291	4 Menteril	NATURE Gandal	2							
	-Arrivity JI	A COLUMN TO	ans al								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TA. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECIDENT'S NAME (FIR	it, Middle, Last)	Metz							ATE OF DEATH	DAY/	4/	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 216-28-		5. SEX	6. AGE (In yr	rs. last birthday) VRS.	IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 H	IRS. 7. D/	TE OF BIRTH forth, Day, Year)	2	8. BIRTH Count	PLACE (State or Foreign y) MD
90. FACILITY NAME (If not			M .)	9b. CITY, TO	о имо	R LOCATION		, 4		INTY OF D	
RESIDENCE OF DE	of M	esteel C	entes		BAL'	TIN	10RE	C	1/4			
10a. STATE	16b. COUNT	Y		100	Y, TOWN OR		ION		-			10d. INSIDE CITY LIMITS?
MD 104. STREET AND NUMBE				BAI	TIMO	_	ZIP CODE			40a CIT	IZEN OF S	1X YES 2 NO
4413 SPRI		E AVENU	E			101.	2120	7		log. Cit		USA
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Di	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S	NO X	If y	yes, spe		laxican, Pue	IGIN? (Specify rto Rican, atc.)	Yee or No-	Blac	E — American Indian, k, White, etc.
15. DE (Specify o	CEDENT'S EDU	CATION completed)	164	a. DECEDENT'S	work done dur	UPATIO	N st of working		186, KIND OF I	BUSINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	HOMF	e maki	ER						
17. FATHER'S NAME (First,					- ******				st, Middle, Maid			
SETH JOH				10h MAII BU	Annesee «	Street -			JOHNS		In Corte)	
98. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES BARTLEY 4413 SPRINGDALE AVENUE BALTO., MD.												21207
JAMES BA	KILLE, Y									LOCATION -		
20e. METHOD OF DISPOS 1 Buriel 2 X Creme	TION Ion 3 🗆 Ram			LACE ANO OAT								
20e. METHOD OF DISPOS 1 Burlel 2 Creme 4 Donation S Oth	TION Ion 3 🗆 Ram er (Specify)	novel from State		LACE AND OAT letary, cremator EENMOU	NT C	EMI	ETERY		В	ALTIM	10RE	md.
20e. METHOD OF DISPOS 1 Burlel 2 Creme 4 Donation 5 Oth 1. SIGNATURE OF FUNE 23. PART I. Entar the	TION Ion 3 Ram or (Specify) AL SERVICE Lie diseases, or haart-failure.	CENSEE Complications the List only one cat	of cem GRI	ne death. Do n line.	OCCUPIE PLANT C 22. NA JO 22. NA A RT FA	EMI AME AN SEI 22-	ETERY DADORESS PH L26 W de of dying	of facility RUS EST	BAS FUNI	ALTIMERAL AVE.	HOM BA	md. E 212
20e. METHOD OF DISPOS Burlel 2 Creme Donation 5 Oth 1. SIGNATURE OF FUNE 23. PART I. Enter the ahock, Dr IMMEDIATE CAUSE (F disease or condition	TION fon 3	complications the List only one cat out to b. DUE TO c.	of cem GRI	THE ALE	not entar the RT FA	EMI AME AN SEI 22-	ETERY DADORESS PH L26 W de of dying	of facility RUS EST	BAS FUNI	ALTIMERAL AVE.	HOM BA	E 2/2. LTO., MD
20e. METHOD OF DISPOS 1 Burlel 2 Creme 4 Donation 5 Oth 23. PART I. Enter the ahock, or immediate cause or condition resulting in death) Sequentially list conditions, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Leading in death) Leading in death)	TION Ion 3 Ram or (Specify) AL SERVICE LIE diseases, or heart failure. Intiona, ediate YING Jury ST	complications the List only one cat DUE TO DUE TO d.	of cem GRI	THE ALE	not entar the RT FA	EMI AME AN SEI 22- he mo	ETERY DADORESS H L26 W de of dying	of facility RUS EST	BAS FUNI	ALTIMERAL AVE.	HOM BA	E 2/2. LTO., MD
20e. METHOD OF DISPOS 1 Burla! 2 Creme 4 Donation 5 Oth 23. PART I. Entar the ahock, pr IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list condition if siny, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) PART II. Other significance.	TION fon 3 Ram or (Specify) AL SERVICE LIE AL SERVI	complications the List only one cat DUE TO DUE TO d.	of cem GRI	THE A I DONSEOUENCE CONSEQUENC	not entar the RT FA	EMI AME AN SEI 22- he mo	ETERY DADORESS H L26 W de of dying	of facility RUS EST	S FUN: NORTH cardiac or re-	ALTIMERAL AVE.	HOME HOM BA	E 2/2. LTO., MD
20e. METHOD OF DISPOS 1 Burla! 2 Creme 4 Donation S Oth 23. PAST I. Enter thy ahock, Dr IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations SEVERE 25. WAS CASE REFERRED EXAMINER?	TION fon 3 Ram or (Specify) AL SERVICE LIE AL SERVI	consistence of the constraint	of cem GRI	THE A PONSEQUENCE CONSEQUENCE	not entar the RT FA	EMI AME AN SEI 22- he mo	ETERY ID ADDRESS PH L26 W de of dying	of FACILITY RUS EST , such ss	S FUN: NORTH Cerdiac or re-	ALTIMERAL AVE. AN AUTOPSYSTORMED?	HOME HOM BA	E 2/2 LTO., MD Approximate interval Betwoonset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do onset and Do
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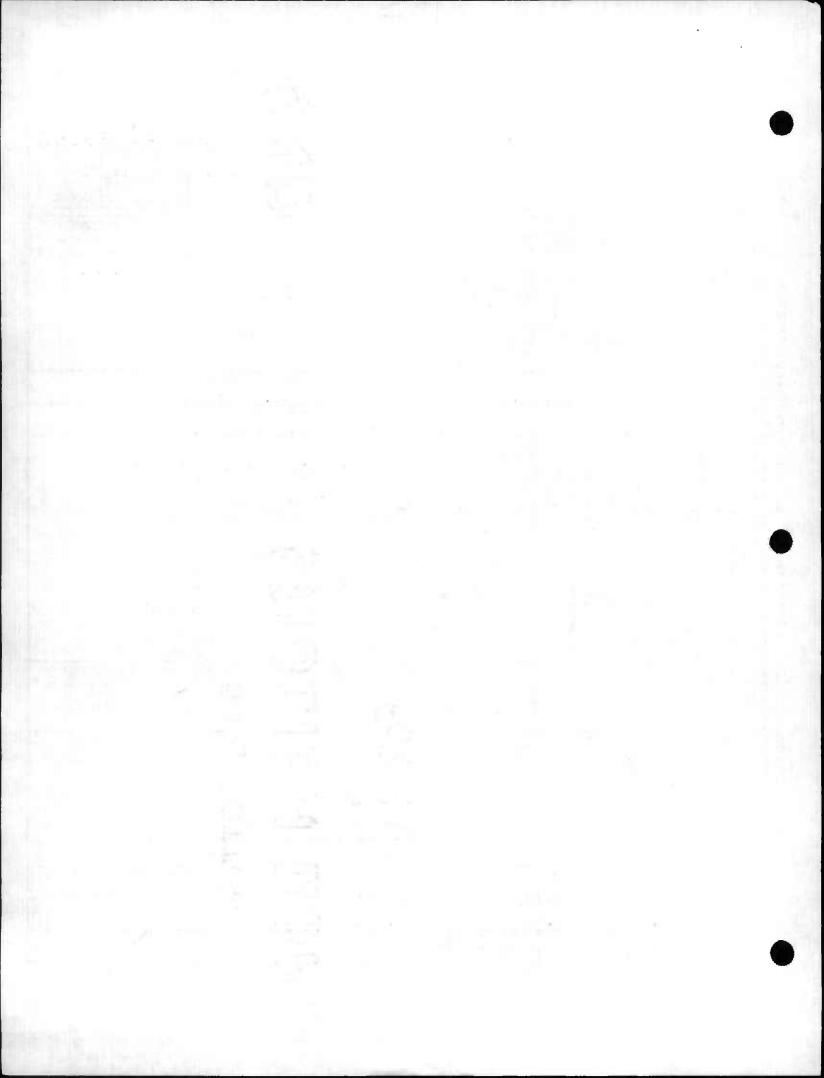
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8	in 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	This was a smarked or item 23 shows any injury or other traumatic event. The medical examiner must be notified at once.
8	aft	28
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RA	17	20
LLI	Yes	

1	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Richar	rd C. Mott	u		2. DATE OF DEATH DAY	91 ¹	3. TIME OF DEATH 5025 AJ, 24
-	230 01 0043	1√M 2 □ F 8:	YRS. MONTI		7. DATE OF BIRTH (Month, Day, Year) 4 /19/ 09	9 Coun	larvland
OR	Sa. FACILITY NAME (If not institution, give stre Edenwald	set and number)	9b. C	TOWSON	DEATH	Baltin	nore County
DIRECTOR	100. STATE 100. COUNTY Maryland Balt:	imore		N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL (100. STREET AND NUMBER 800 Southerly	Road		10f. ZIP CODE 21204	T		WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi- 1 YES 2 NO Specify	cen, Puerto Ricen, etc.)	Ble	CE — American Indian, ck, White, atc.
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		life. Do NOT use retire	ne during most of working d.)	16b. KIND OF BUSII		5
COM	17. FATHER'S NAME (First, Middle, Lest)		Purchas	F. 00 000 151	IAME (First, Middle, Melden St	umame)	ifacturing
TO BE	Theodore Mottu	i, Jr.		ESS (Street and Number or Run		, State, Zip Code)	
	Susan S. Mottu	200	PLACE AND DATE OF D	ech Avenue,		MD 212 ATION City or 1	==
	1 Burial 2 X Cremation 3 Removed Donation 6 Option (Specify)		emetary, crematory or off etro Cremat	ory, Inc.		timore,	
	· Travey &	lens Cay	C / VIA	Burgee-Henss		ne Balt	Falls Road
	23. PART I. Enter the disease, or consher failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse on e	I the death. Do not enach line.	her the mode of dying, so	ich as cardiec or reepiri	atory arrest,	Approximate interval Between Onset and Daath
ATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO JOH AS A	CONSEQUENCE OF	neumos	ere Sillps Lag	- governi o	~
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
4	PART II. Other significent conditions	e contributing to death b	ut not resulting in the	underlying cause given	n Pert i. 24s. WAS AN A		Ib. WERE AUTOPSY FINDINGS
					1 TYES 27	-0	AVAILABLE PRIOR TO COMPLETION DF CAUSE
N: ME					1 TES 27	-0	AMAILABLE PRIOR TO
SICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)	-0	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: Impetient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 6 ☐ Residence 28c. INJURY AT WORK?	Check only one)	Kno	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	HER: Nursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Check only one)	JURY OCCURED	ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 ER/Outp 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	DOA 4 26b. TIME OF INJURY — Al home, farm, street, s	HER: Nursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Check only one) a 6 Other (Specify) 26d. DESCRIBE HOW IN 261. LOCATION (Street ar City or Town, State)	JURY OCCURED nd Number or Rura	ABALLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the Dest of my know) R: On the basis of examination	DOA 4 26b. TIME OF INJURY — Al home, farm, street, s	#ER: Nursing Home 6 Residence 28c. INJURY AT WORKY 1 YES 2 NO factory, office	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street ar. City or Town, State) us to the cause(a) and manning lime, data and place, and	JURY OCCURED and Number or Rura ner as stated, if due to the cause 29d, DATE SIGNE	ARALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO If Route Number, (a) and manner as stated.
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1 Inpetient 2 ER/Outp 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, stc. (Special Control of the best of my know) R: On the basis of examination 0 COMPLETED CAUSE OF DE	ATH/(ITEM 27)/i/ppe, Print,	#ER: Nursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office he time, date and place, and d my opinion, death occured at it	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street ar. City or Town, State) us to the cause(a) and manning lime, data and place, and	JURY OCCURED and Number or Rura ner as stated, if due to the cause 29d, DATE SIGNE	ARABABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO If Route Number,



TALIAL MECONDS, T.O. BOX 68/60, BALLIMONE, MARILAND ZIZIS-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 88789,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

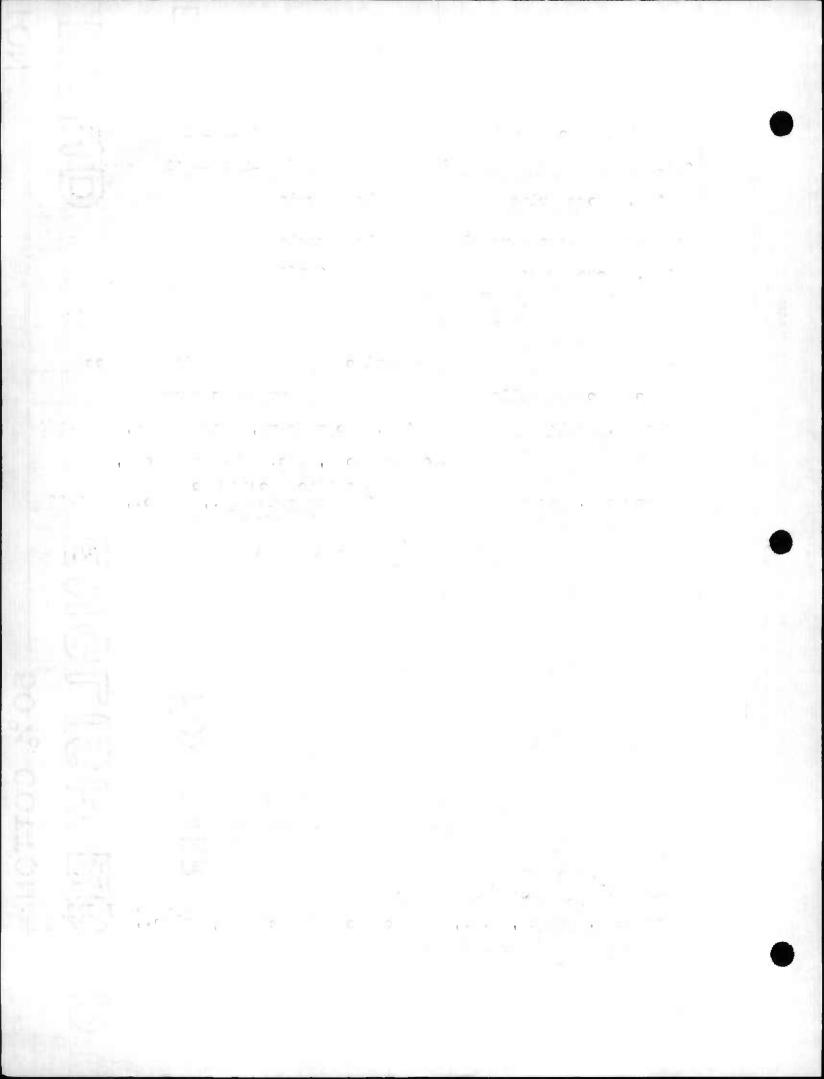
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	1 - STATE OF MARYLI REGISTRAR		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last) William John Mullen	2. DATE OF DEATH D. 04-10-9	YEA	3. TIME OF DEATH					
			FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	IRTHPLACE (State or Foreign			
	212-14-8354 1 M 2 G F	69 YRS.	b. CITY, TOWN OR LOCATION OF	11-13-1	921 N	laryland			
TOR	882 N. Shore Drive		Glen Burnie	JEATH .		Arundel			
DIREC	Maryland Anne Arundel		own on Location Glen Burnie			10d. INSIDE CITY LIMITS? 1 TYES 2 X NO			
JERAL	882 N. Shore Drive		101. ZIP CODE 21060		109. CITIZEN O	SA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 M YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Speci	can, Pusrto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION k done during most of working stired.)	18b, KIND OF BU	SINESS/INDUSTR	N .			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		visor	Marv	land I	rydock			
NO.	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	IAME (First, Middle, Maiden	Surname)	- y			
BE (John Joseph Mullen			rrie McNa					
2	Helen A. Mullen		Shore Dri	and the second second					
	20a. METHOD OF DISPOSITION 20b	PLACE AND DATE O	rematory, Inc. 4/11 Baltimore, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	010	22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland 299 Frederick Rd., Balto., MD 21						
	George E. MacNabb 23. PART I. Enter the diseases, or complications that caused					Approximate			
	ahock, or heert fellure. Liet only one cause on eximmediate CAUSE (Final			2		intarval Between Onset and Daath			
	disease or condition resulting in death) DUE TO (OR AS A	CONSEQUÊNCE OF:	Colon	-accinon	na	12 months			
NO	Sequentielly list conditions, DIE TO (OR AS A CONSEQUENCE OF)								
ICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST								
	PART II. Other algorificant conditions contributing to death b	ut not resulting in	the underlying cause given i	in Pert i. 24a. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL				PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
						1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outp	atient 3 DOA 4	THER:						
ву РНУ	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 1 X Natural (mostination) 1 Application	28b. TIME (DF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D			
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the best of my know 2 🗆 MEDICAL EXAMINER: On the basis of sxamination					use(s) and manner as stated.			
BE	2986 BIDDUSTURE AND TITLE OF GERTINER	all [29c. LICENSE N	3 1551	29d. DATE SIG	ENED Month, Dal. (1947)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE			3	001 S.	Hanover St			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Russell R. DeLuca, M.D., Harbor Hospital Center, Balto., MD 21225								

DHMH-16 Rev 1/89



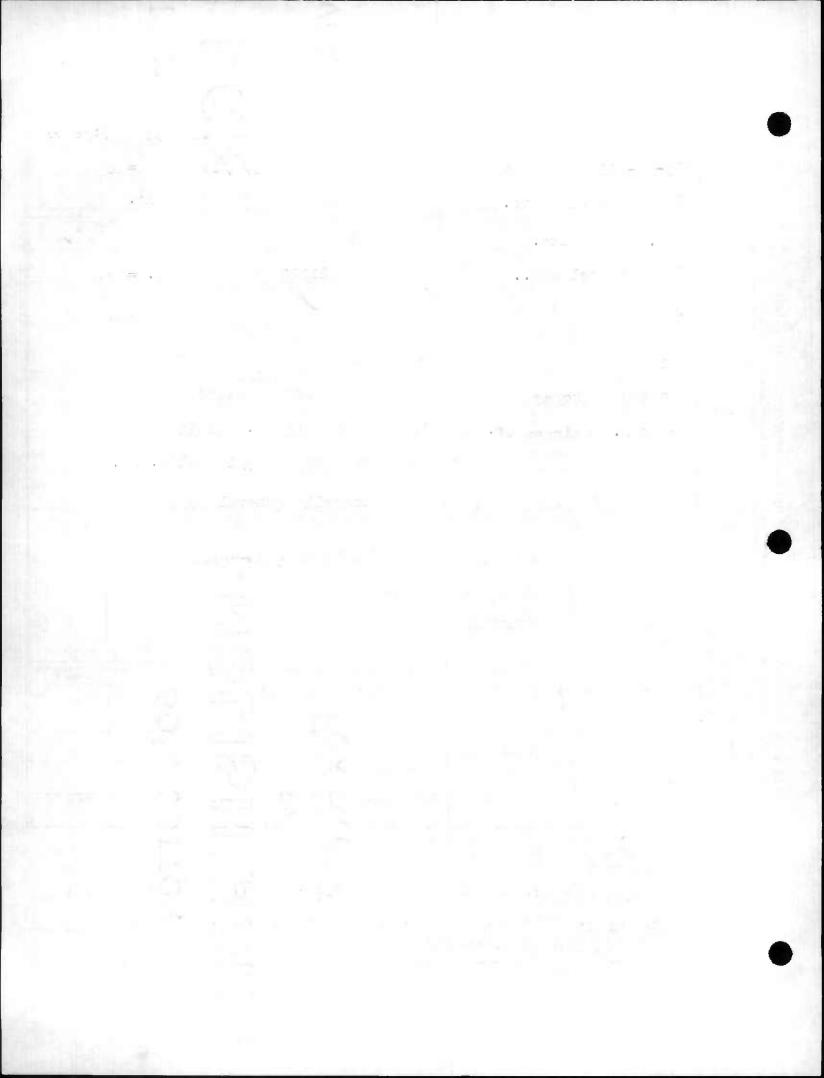
31. DATE FILED (Month, Day, Year) APR 1 2 1991

32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.	s after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bental-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Deot. of Health and Mental Hyolene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the bental-transit permit. Pages 1, 2, 3 should emonal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

,	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEATH		3. TIME OF DEATH		
	Irene	c Kinney				11 11	91	7:00 A H		
			,	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign puntry)		
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~	Se. FACILITY NAME (If not institution, give street	end number)			R LOCATION OF OR	ATH	9c. COUNTY C			
DIRECTOR	1404 Stengel	Ave.		Dundal	.k		Balt	9		
E E	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	Md. Balto	Ι •	Du	ndalk				1 YES 2 M NO		
ĭ.	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	1404 Stengel Av	e			21222		U.5	~ / /		
5	11. MARITAL STATUS 12 1 Never Married 2 Merried	P. WAS DECEDENT EVER IN L FORCES? 1 TYES	2 NO	Il yes, spe	city Cuban, Mexica	IIC ORIGIN? (Specify Yenn, Puerto Ricen, etc.)		ACE — Americen Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2 AO Specify	":		DHITE		
	15. DECEDENT'S EDUCATI (Specify only highest grade con	iON 1	Ida, DECEOENT'S US	BUAL OCCUPATION Most done during most	N et of working	16b, KIND OF BU	SINESS/INDUSTR			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	or working		_			
COMPLETED	12TH		Homema	aker						
8	17. FATHER'S NAME (First, Middle, Leel)				18. MOTHER'S NA Mary	ME (First, Middle, Meiden Delett	Surname)			
BE	Joseph Thoma	S	105 MAIL INC A	DODESS (Street o		Route Number, City or Tox	on Plata Tin Code			
2	James M. Mckinn	Tn			Bend F			,		
	200. METHOD OF DISPOSITION	20b. l	PLACE AND DATE C	F OISPOSITION	(Name		OCATION — City of	or Town, State		
1	1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	from State of ce	metary, crematory or k Lawn	Ceme ta	arv	14/19 Ba	ilto. I	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Connelly Funeral Home									
	23. PART I. Enter the diseases, or com ahock, or heert fellure. Lis IMMEDIATE CAUSE (Final							Approximats Interval Between Onset and Death		
	disesse or condition resulting in death)	Sovoke Ch	ronicales	tructiv	lung	clisense	g. A.			
		0 , 0			0					
ŏ	Sequentially list conditions,	DUE TO (OR AS A C	monute of:							
S	cause. Enter UNDERLYING									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
AL C	PART II. Other aignificant conditions of	_	_	, ,	-		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2	Pulmman T	Tulerculos	is in 1	950,1	nactiv	e 1 □ YES		COMPLETION OF CAUSE OF DEATH?		
ME								1 YES 2 NO		
ä										
PHYSICIAN: MEDIC		IOSPITAL:		26. PL	ACE OF DEATH (CA	eck only one)				
ΙΥS	1 YES 2 NO 1	26a. OATE OF INJURY	tient 3 DOA 4			6 Other (Specify) 28d. OESCRIBE HOW	IN HIMY OCCUPE	^		
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY WO	PRK?	200. DESCRIBE HOW	INJUNY OCCURE	•		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -	- At home, farm, atr			281. LOCATION (Street	end Number or R	ural Route Number,		
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Specif	y)			City or Town, Stell	0)			
Ä	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the beat of my knowle	dge, death occurred	at the time, date	and place, and due	to the cause(e) and ma	anner as stated,			
M	one)	On the basis of examination						use(e) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	00 1 4	0		29c. LICENSE NU	MBER	29d. DATE SIG	INEO (Month, Day, Year)		
) BE	SHOW	lakto	prin,	MD.	D- 02	191	D 4-	11-1991		
2	30, NAME AND ADDRESS OF PERSON WHO	OMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	2 A	01 11				
	ATAOLLAH GOLPIN	CA, MD, 30	29 Dun	dalk	we. Do	lto, Md	21222			
	APR 1 2 1991	3. REGISTRÂN'S SIGNA	- Nevior							

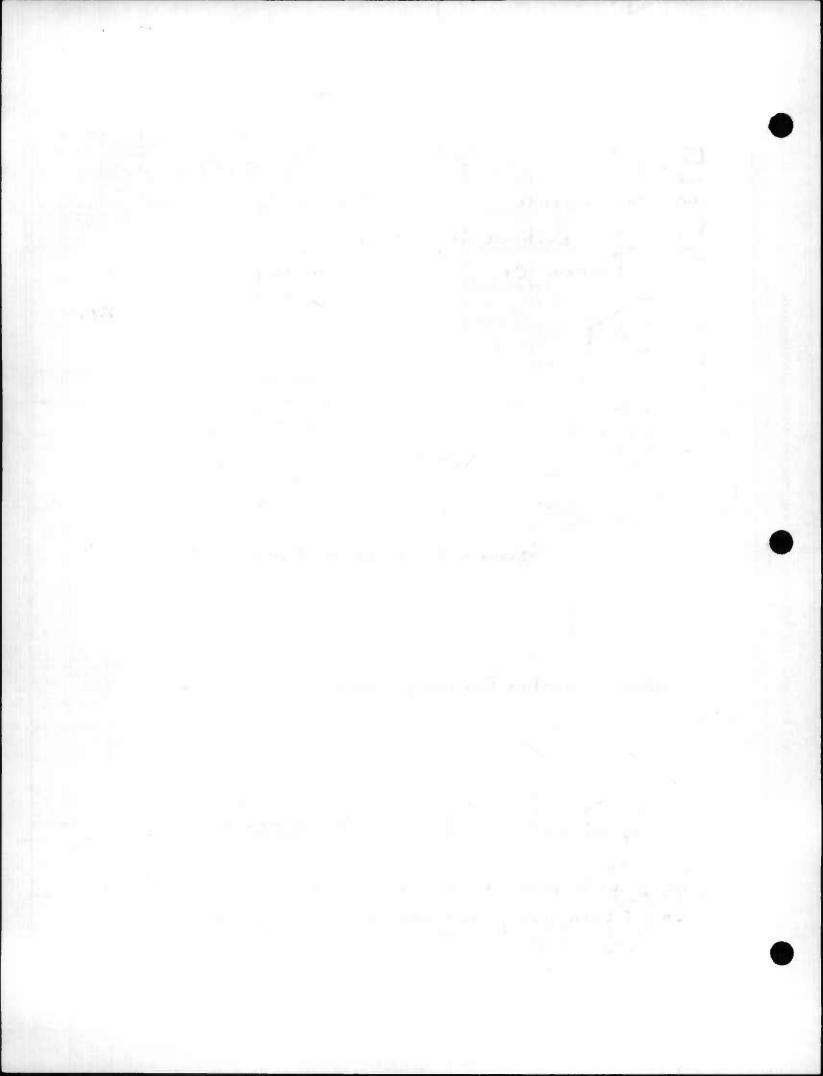


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDIG BHYSICIAN The TO THE FUNERAL DIRECTOR: A Nev case certified in the field within 72 hours after death with 154 State I. IMPORTANT: If Item 28 is marked, or Item

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	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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to be executed within 24 hours after beam. Fage 6 may be retained by the hospital of attending	神神	6
2 9	The Party	dici
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E M	plete	emt,
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Sec	and o	mati
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Care	physical property	er t
Dec	Sing Name	8
E	tal H	6 9
he law requires that the death ce	i has been signed by the attending physician and completely filled in by the e Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
III II	and and	W in
es u	gned	2 3
Boul	en si	NO.
W L	s bear	38
9	E Do	H 22

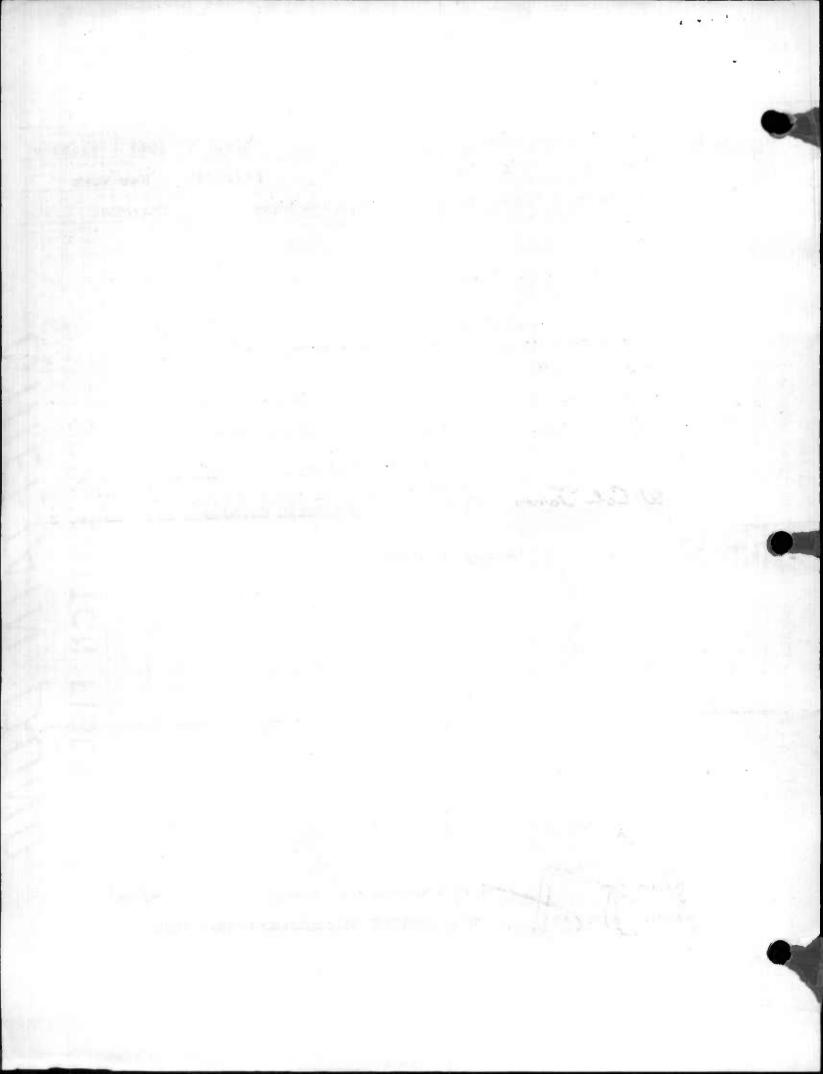
	1 - STATE STATE REGISTRAR	E OF MARYLAND / DEPARTMI CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH					
	Pauline Ou	ney		MONTH DAY	91 440 A M					
	4. SOCIAL SECURITY NUMBER 5. SEX		NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
	216309938 10M	0		5 / 13/09	UNKNOWN					
OR	90. FACILITY NAME (If not institution, give street and notice Center		Saltimore Cit	BC BC	unty of death					
ᇈ	RESIDENCE OF DECEDENT 104, STATE 10b, COUNTY	100 CITY TO	WN OR LOCATION	1	10d, INSIDE CITY					
DIRECTOR		imore City Ba	1 0 1		LIMITS?					
FUNERAL	100. STREET AND NUMBER 446 Tubman	C+	101. ZIP COOE	10g. CI	TIZEN OF WHAT COUNTRY?					
Ž	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		14. RACE — American Indian,					
	iF Y	CES? 1 YES 2 NO ES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica 1 TES 2 NO Specify		Black, White, etc.					
B	3 Widowed 4 Divorced	UNKNOWN	, , , , , , , , , , , , , , , , , , , ,		White					
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed	16a. DECEDENT'S USUJ	AL OCCUPATION lone during most of working	16b. KIND OF BUSINESS/IN	IDUSTRY					
		(1-4 or 5 +) Ille. Do NOT use retir	ed.)	01 11						
P	LINKNOWN UNK	YOWN UNKNOW	N	YNKNOU	UN					
S	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Maiden Surname)						
BE	UNKNOWN		UNKNOW	W						
	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street and Number or Rural I	Poute Number, City or Town, State, 2	(ip Code)					
2	Paggy Lipscomb	559 D	olphin St Da	Home De. Mi	21217					
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from	20b. PLACE OF DISPOSITION other place)	N (Name of cometery, crematory or	20c. LOCATION -	- City or Town, Stata					
	4 Donation 5 Other (Specify)	Western	Star	Daltin	ore, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	11,1644,1644,1676,161	y Bilgiore					
	Maggalean G.	Henson	HARRIS FUN H	ensi sekurat Ene 1701 McC	Joh of 2017					
	23. PART I. Enter the diseases, or complice abock, or heert failure. List only	tions that caused the death. Do not e	nter the mode of dying, suc	h ee cardiac or respiratory a	rrest, Approximate					
	IMMEDIATE CAUSE (Finel	SUMMOUS CELL CARE D DUE TO (OR AS A CONSEQUENCE OF):	inoma of lu	ing 2 metast	Onset end Deeth					
		DUE TO (QR AS A CONSEQUENCE OF):	V	0						
CERTIFICATION	Sequentielly list conditions,	DUE TO (OR AS A CONSEQUENCE OF):								
AT	if any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):								
토	that initiated events resulting in death) LAST									
S										
AL	PART II. Other significant conditions contri			Part I. 24a, WAS AN AUTOPS' PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
	Chronic obstructi	we Pulmonary Di	Scall	1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?					
Ä		,			1 YES 2 NO					
-										
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)						
Sic	EXAMINER? 1 YES 2 NO 1 Ving		HER: Nursing Home 5 - Residence	6 Other (Specify)						
ΗY	27. MANNER OF DEATH 28	a. DATE OF INJURY 28b. TIME OF		28d. DESCRIBE HOW INJURY O	CCURED					
Y P	1 Natural 5 Pending	(Month, Day, Year) INJURY	M 1 YES 2 NO							
	Z Constraint	e. PLACE OF INJURY — At home, farm, street	, factory, office	281. LOCATION (Street and Number or Flural Route Number,						
COMPLETED	4 Homicide determined	building, etc. (Specify)		City or Yown, State)						
9	29a. CERTIFIER	the best of my knowledge, death occurred at	the time date and alone and de-	to the accretic and manner of						
MP	contain only	basis of examination end/or investigation, in								
8		Danie Of Sammitton States investigation, in	NEL STORY CONTRACTOR OF THE	The second for the second paper and the	The state of the s					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	(04)	29c. LICENSE NUI		ATE SIGNED (Month, Day, Year)					
10	tool S. Lahrens	(Resident)	D391	16	716191					
-	Joel S. Lahn Mei	rey Med. Center ?	101 St. Paul P	1. Balt. no	. 21202					
	31. DATE FILED (Month, Day, Year) 32	REGISTRAR'S/SIGNATURE	1.00							
	4/6/9APR12 199	11 January Mar	The same							



1	I	ermit. Pages 1, 2, 3 shooted		
BALTIMORE, MARYLAND 21203-3146	n zemours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the judial-transit permit. Pages 1, 2, 3 should	ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within services after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

10

1 - STATE REGISTRAR	SIAIE UT I					DEATH	MENI	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH			3. TIME OF DEATH
Shirley M	lae Oron	ıa						April 6 199		YEAR	11:30 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DA1	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
064-28-3548	1 M 2 F	55	YRS.	MONTHS	DAYS	HOURS MIN.	1 1 /	20/35		Countr	York
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN O	R LOCATION OF	_	20,00	· · · · · · · · ·	INTY OF D	
Residence e-11	Wilson	Land	ina	Pri	nce	ess Ani	20		SII	mers	set
RESIDENCE OF DECEDENT	1111011	Dana.	ing	1 1 1 1	1100	SS AIII	16		50	mer	360
10e. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland Sum	nerset		Pr	cince	SS	Anne					1 TES 2 K NO
10e. STREET AND NUMBER					101.	ZIP CODE			10g. CI1	TIZEN OF V	WHAT COUNTRY?
E-11 Wilson La	nding N	lobi lo	Uomo	. Dow	, ,	1052					
11. MARITAL STATUS	12. WAS DECEDEN					ENDENT OF HISP	ANIC OBI	SIMP /Smanifu Vac		S. A	E — American Indian.
1 Never Merried 2 Merried	FORCES?	X YES 2		H	yes, spe	cify Cuban, Mexi	cen, Puer		01 110-	Bleci	k, White, etc.
3 Widowed 4 Divorced		MAR OR DATES		1	YES	2X NO Spe	offy:			Speci	White
16. DECEDENT'S EDU	1954-1		DECEDENTS	S USUAL OCC	CUPATIO	N		66. KINO OF BU	SINESS/IN	OUSTRY	
(Specify only highest grad	e completed)		(Give kind of life. Do NOT u	work done du	iring mos	at of working					
Elementery/Secondary (0-12)	College (1-4 or 5	+)		Wrap				Meat N	Mark	et	
12 Grade 17. FATHER'S NAME (First, Middle, Last)	No			p	FT		NAME (E)	t, Middle, Maiden	Company		
,,,									ourneme)		
Edward Levoy								ewell			
19e. INFORMANT'S NAME (Type/Print)				G ADDRESS	(Street e	nd Number or Run	al Route N	umber, City or Tow	n, State, Z	ip Code)	19901
John V. Orona	Jr.		16 Me	rion	Co	ourt Fo	ox_B				laware_
20e. METHOD OF DISPOSITION 1 St Buriel 2 Cremetion 3 Ren	novel from State	20b. PLAG	CE OF DISPO	OSITION (Nem	ne of con	netery, crematory o	V .	20c. LO	CATION -	- City or To	wn, State
4 Donetion 5 Dother (Specify)	NOVEL HOTE STATE			de Ce	eme	terv		Dov	er.	Del	aware
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Licer				D ADDRESS OF	FACILITY				1990
W. Cole 5		M0077		Fa	ario	es Fun	era:	1 Dire	ctor	cs I	nc.
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated avents resulting in death) LAST d.											
PART II. Other algnificent condition	ne contributing to	o deeth but no	ot resulting	in the unc	derlying	g cause given	in Part i	24a. WAS AN PERFO	RMED?	246	b. WERE AUTOPSY FINOIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
1 YES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 DOA			e 5 Resident	6 0	ther (Specify)			
27. MANNER OF DEATH	26e. DATE O (Month,		26b. TI	ME OF	26c. INJ WO		28d.	DESCRIBE HOW	INJURY O	CCURED	
1 Natural 6 Pending 2 Accident Investigation	6 Pending M 1 YES 2 NO										
2 Accident 3 Suicide 8 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route No. 1)							Route Number,				
Torroom brilly	SICIAN: To the best of										(e) end manner as stated
29b. SIGNATURE AND TITLE OF CENTIFI	PM 1					29c. LICENSE	VUMBER		29d. D/	ATE SIGNE	O (Month, Day, Year)
1.6	1 -	JULIUS	D. ZA	ANT.M.	D.	D194	32		•	04/0	8/91
	MD LETED CA	USE OF DEATH (TEM 27) (Typ	pe, Print)		., SALI		Y. MD.	218		
31/DATE FILED (Month, Bay, Year)		AR'S SIGNATUR		TOTON	01	· , DALLI	J D O I	ra rin.	210	01	
APR 1 2 1991	alia Tan	dran Par	della								



BALTIMORE, MARYLAND 21215-0020

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHIIF	ICATE	: OF	DEAL	Н		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Rosa E.		Des.	1					MONTH			YEAR		E OF DEATN	
	Rosa L.	5. SEX	Pringle 8. AGE (In yrs. last birthday			IF UNDER 1 YEAR IF UNDER 24 HRS.			04 08 1 7. DATE OF BIRTIN			1991 6:15 8. BIRTNPLACE (State or Fore			
	248-52-5953				MONTHS	DAYS	HOURS	MIN.	(Month,	r-9-1908			Country) S. C.		
	90. FACILITY NAME (If not institution, give st		96. CITY, TOWN OR LOCATION OF DE				ATH Bc. COUNT			NTY OF D	TY OF DEATN				
TOR	2725 Walbrook Av		Baltimore				Balti			ltimo	imore City				
DIRECTOR	100. STATE 10b. COUNTY				ALTI								L	ISIDE CITY MITS? 'ES 2 NO	
FUNERAL	2725 Walbrook Av		101. ZIP CODE									N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 1			If yes, sp	ENDENT OF	, Mexican	, Puerto R	? (Specify Yes ican, etc.)	or No-		k, White,	Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	(G	CEDENT'S live kind of Do NOT u	work done	CCUPATIO	ON at of working	9	16b.	KIND OF BUS	SINESS/IN	DUSTRY				
S	17. FATHER'S NAME (First, Middle, Last)				_		18. MOTN	ER'S NAM	AE (First, M	liddle, Maiden	Sumame)				
ပို	Titus Jones								Jone		00.110,				
) BE	190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural R	loute Numb	er, City or Tow	n, Stafe, Z	ip Code)		.10	
임	Hester Slater	`		27	25 Wa	albr	ook A	venu	ie Ab	t 312	Bal	timo	re,	Md21216	
	20a, METNOD OF DISPOSITION 1	oval from State	20b. PLACE of cemetary KING		orothera	Te Pa	rk		411S	1 Ranc		town			
	21. SIGNATURE OF PUMERAL SERVICE LIC	Chr.	m		22.		rch		West						
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE O	F): F):	.ova	scula	r Di	seas	e				Onset and Death	
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WE											VERE AUTOPSY FRIDINGS			
MEDICAL						1 ves 2 X No Inquiry				COMPLETION OF CAUSE OF DEATH?					
A N	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF GEATH (Check only one)														
띯	EXAMINER? 1 YES 2 NO	EXAMINER? HOSPITAL:				OTHER:									
BY PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pending Investigation	28e. DATE OF II (Month, Day	NJURY	28b. TII		28c. IN.	IURY AT ORK?			CRIBE HOW	NJURY O	CCURED			
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, farm,	atreet, fac	tory, offic	:0		281. LOCA City of	ATION (Street or Town, State)	end Numb	er or Rural	Route No	imber,	
COMPLETED	CONSUM ONLY	CIAN: To the best of n											(a) end m	nenner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	1 11. 4	10				29c. LICE	NSE NUM	IBER		29d, DA	TE SIGNE	D (Month,	Day, Year)	
O BE	olly ore 13	regend					0.	C.M.	E.		•	04	08	1991	
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	E OF DEATH (ITE			enn	Stree	t, E	Balti	more 1	Mary	land	212	01	
	31. DATE FILED (Morith, Day, Year) APR 1 2 1991	Sura Davido	S SIGNATURE	200											
- 1	1001	/													

DHMH-18 Rev 1/89

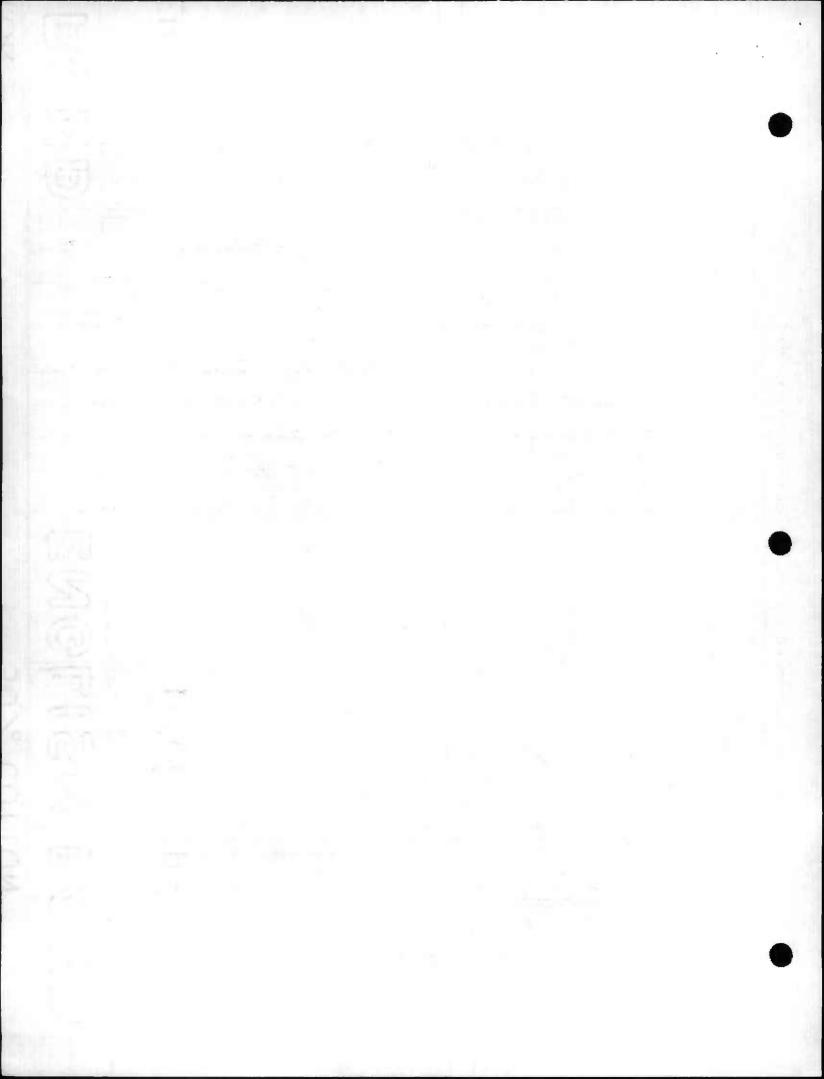
APRIL 1997 John Today Victoria

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or, attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State begins of Health Myglene prior burial, cremation, or removal.

31. DATE FILED (Morith, Day, Year)
APR 1 2 1991

32 REGISTRAR'S SIGNATURE
Julia Davidson-Rands &

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF OEATH		3. °	TIME OF DEATH
	George	Go	rdon	Park	c. S	R.			O/		91	7	7.22 a"
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. lest		et birthday) # UNDER 1 YE		-	ER 24 HRS.		OF BIRTH	6. BIRTHE		CE (State or Foreign
	213-03-5041	1 💢 M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		/12/191	-		more. Mo
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN C	OR LOCAT	TION OF DE	EATH		9c. COUNTY	OF OEATI	н
DIRECTOR	Greater Baltimo	re Medic	al Cente	r			Tow	son			В	alti	more
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN (OR LOCAT	TION					100	I. INSIDE CITY
8	MD B	altimore				Ralt	ima		Pag	K. 2.115		tf	LIMITS?
	10e. STREET AND NUMBER	arrimore					. ZIP CO		1 171	100	10g. CITIZEN		
FUNERAL	9400 Avondale Ro	ad					2	1234			()	.5.6	2.
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR				ENOENT	OF HISPAN		N? (Specify Yea	or No.— 14.	RACE -	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 1	WO ,				oan, Mexica D <i>Specify</i>		Rican, etc.)		Black, Wi Specify:	nita, atc.
		I W.W	11 178	WY								HW	112
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S ive kind of Do NOT u	work done	during mo	ost of worl	ldng	16	b. KIND OF BUS	HNESS/INDUST	TRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	•)		5 (76	901	1100	2	7		0~		Pagan
N N	17. FATHER'S NAME (First, Middle, Last)	_		i ni	7 (7)	3415		THER'S NA	AME (First,	Middle, Maiden	Surname)	OUA	LIMPER
	[750865 C7-	Pack	C				1	V: 6	(-1.0	CAS	140	100	
BE	19a. INFORMANT'S NAME (Type/Print)	11161	19	b. MAILING	ADDRES	S (Street a	and Numb	er or Rural	Route Nun	nber, City or Town	n, State, Zip Co	de)	11.1
2	FAMILY REP	OROS		5	AM:	5 0	21	ABO	SVG				
3	20a, METHOD OF DISPOSITION		20b. PLACE				(Name	1.00	DA		CATION City	or Town,	Stata
	1 Burlel 2 Cremetion 3 Removal from State Cremetary, cremators or other place) Cremetary C												
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.	NAME A	ND ADDR	ESS OF FA		= Mag	nopiss		
EX EX	EVANS CHAPILOF ISMORIE										k. D	1.	
3	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate												Approximata
	ahock, or heart fallure. List only one beuse on each line. IMMEDIATE CAUSE (Final											Interval Between Onset and Death	
	disease or condition his next as size part and a continuous des									ine	±556		
	resulting in deeth)	OUE TO	OR AS A CONSE	QUENCE O	F):	000							
Z		b	phelivos	rits									± 3 m
CERTIFICATION	Sequentially list conditions, If any, leading to immediate										4		
2 2	CAUSE (Disease or injury	c	5 CO TWO (117 S	Tue	< 1		4					-100
	that initieted events resulting in death) LAST	DUE IC	OH AS A CONSE	GUENCE (M-):			J					
		d									_		
- 1	PART II. Other aignificent condition	ns contributing to	death but not	reauiting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
										1 TYES 2		CC	MPLETION OF CAUSE DEATH?
MEDIC:													YES 2 NO
Z Z													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only o	one)			
XSI S	1 TYES 2 TO NO		☐ ER/Outpatient :	DOA 🗆			ne 5 🗆	Residence	6 🗆 Ott	ver (Specify)			- U V
P E	27. MANNER OF DEATH 1 N Natural 5 Pending	26e. DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY	W	JURY AT ORK?	- 10	28d, DE	EŞCRIBE HOW II	NJURY OCCUR	NED	
BY Pt	2 Accident Investigation			M		YES 2	□ NO						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								y or Town, State)	and Number or	riurai Rout	e Number,	
	29a. CERTIFIER		residence.	an e	13.5000								
MP	(Check only 1 X CERTIFYING PHYS	-										muncles -	el manage an active
ORIANI: IT ILEM SE COMPLE	2 MEDICAL EXAMIN		A PARTITION OF STREET	vestiget	wii, iii my	ориноп, (ra anto piece, an			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	H / // 7	H.	, >			29c. L	CENSE NU	MBER 1	63	29d. DATE 8	IGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	40 COMPLETED ON	PER OF OTATIVE	M 27 G		_	1	J ' 1	, 0	-	AP	1517	10 1991
	OL IT IN	FP		0 /	(Tint)	PAI	11	1714	17	BALT	402	121	0
	11	V /				160	, , ,	1 1 /			100)



8. BIRTHPLACE (State or Foreign

DHMH-18 Rev 1/89

Maryland

1. DECEDENT'S NAME (First, Middle, Lest)

212-42-7272

Frederick

5 SEY

1 M 2 F

John

A SOCIAL SECURITY NUMBER

Jr.

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

Pfeifer

6. AGE (In yrs. last birthday)

48

YEAR

2. DATE OF DEATH
MONTH DAY
APril8,1991

7. DATE OF BIRTH (Month, Day, Year

Feb.1,1943

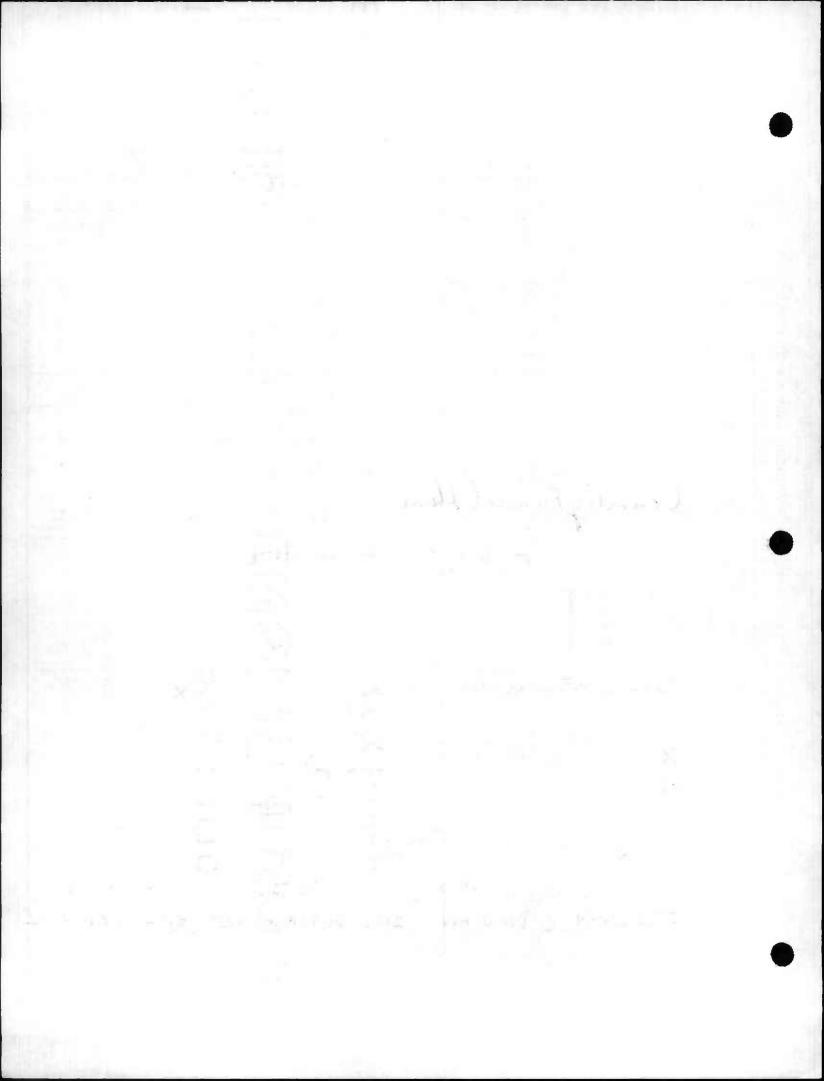
		has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnativansit permit. Pages 1, 2, 3 shows the same and Merrial Harrison bring to burnation or removal.	
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AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	has been signed by the attending physician and completely filled in by the figure of Health and Mental Hydiene prior to burial cremation, or removal	Copy, or reduction recovering the second contract of the second cont
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A	he k	har	5

DIVISION OF VIT HOSPITAL OR ATTENDING PHYSICIAN:

9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 503 Riverside Drive DIRECTOR Essex Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Essex 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 503 Riverside Road 21221 USA 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married Specify White BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10th Security Guard 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Frederick Pfeifer Sr. Gladys Meyer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Shirley Scholz 804 Pineview Place BAltimore Md.21221 8 20a. METHOD OF DISPOSITION
1 Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Metho 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE of conclary cremetary or other place)
Oak LAwn Cemetery4/11/91 Baltimore Md. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ConnellyFuneralHome300MAceAve.21221 23, PART i. Enter the disect Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition_ mydiandia cule resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE obstructive lung disease 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? certificate h the State OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF FUNERAL DIRECTOR; After this o within 72 hours after death with Natural
2 Accident INJURY 5 Pending M 1 YES 2 NO BY Investigation 28a. PLACE OF INJURY — At home, ferm, etreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 60 0 4 Homicide 28 Ē tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

4 - 8 - 91 D07632 M.D. worken O'Honoran 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. CROSSAN DONOVAN DUNDALK AVE. BIALTO. MD. 21222 2112 31. DATE FILED (Month, Day, Year)
APR 1 2 1991 32. REGISTRAR'S SIGNATURE his Davidson-Randon

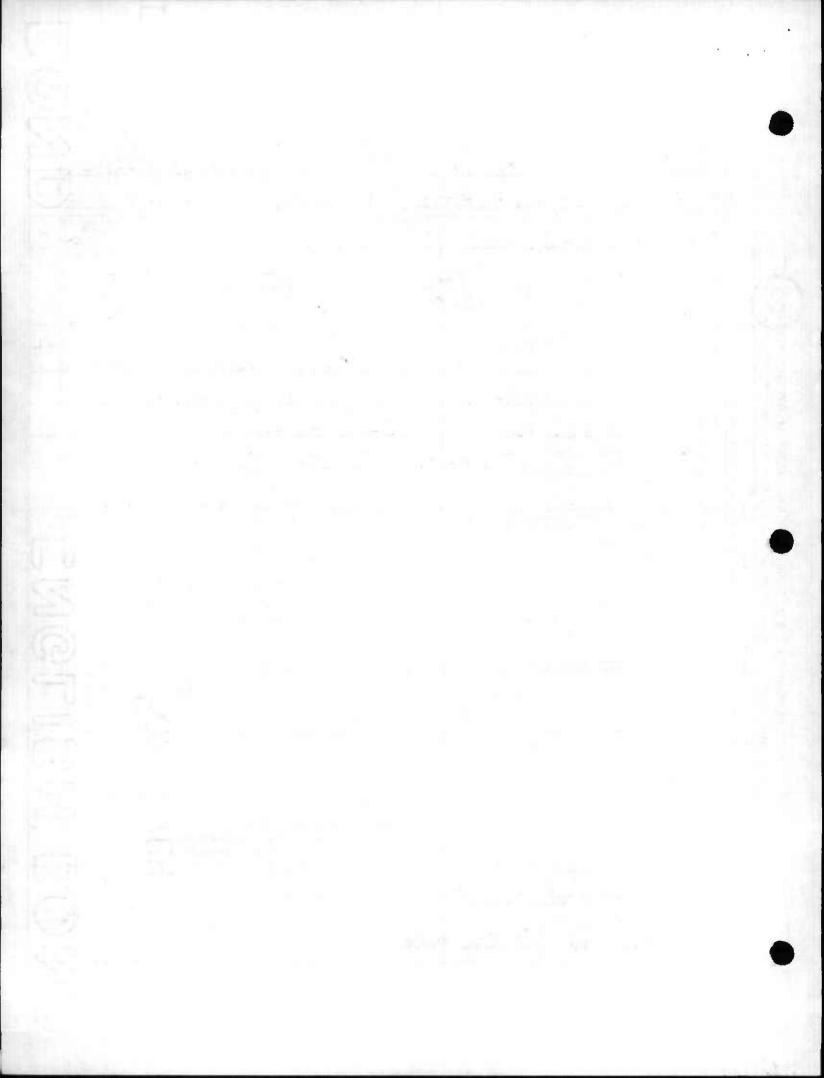


	REG	TE ISTRAR				CERTI	FICATE OF	DEATH		REG. NO.		-	
1		ent's NAME (First, Lijah	Middle, Last))		(Riggin)	Ragin	2. DATE MONTO	OF DEATH DAY	91	R	E OF OEATH
)	4. SOCIAL	72-3421	BER	5. SEX		In yrs. leet birthdey		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH 1, Day, Year) 6–1944	6. BI	RTHPLACE	(State or Foreign
E	4			street and number		1	9b. CITY, TOWN	DR LOCATION OF DE	EATH	9c.	COUNTY O	F DEATH	
DIRECTO		NCE OF DEC					ITY, TOWN OR LOCA					L	NSIDE CITY
ERAL DI		Md NUMBER	1 6		_	I B	altimore 10	1. ZIP CODE		100	. CITIZEN C	F WHAT CO	YES 2 NO
FUNER	405	E. Lanva	ale Str	12. WAS DECE				21202 CENDENT OF HISPAI			lo— 14. R	S A	erican Indian,
BY FI	13	r Married 2 1			1 TYES			ecify Cuban, Maxica 3 2 X NO Specif		Rican, etc.)	S	pecify: BTa	ck
COMPLETED	Elemen		EDENT'S EDI y highest grad 0-12)		or 5+)	(Give kind o	's usual occupation of work done during me use retired.) aboner	ON ost of working	16b	. KIND OF BUSINES	SS/INDUSTR	ry	
BE COM		r's name (First, M James	H. Rac	qin				16. MOTHER'S NA ROSA		Middle, Maiden Sumi IS	nme)		
10		tha Ragi					Pennsylvar			timore, Mo			
	1 (X Burle	IOD OF DISPOSIT	3 Res	moval from State			TE OF DISPOSITION	POSITION (Name DATE 20c. LOCATION — City or Town, State					
j	21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE ATTURE OF FUNCTIAL SERVICE LICENSEE Warch F/H West 4300 Wabash Avenue								,				
		9	Ort	TW 4	bru	W	4:	300 Wabash	Avenu				
	IMMEDI/ disease	T I. Enter the di shock, or h ATE CAUSE (Fir or condition g in desth)	eart fallure	a. PUE	V MO	ech line.	o not enter the me	300 Wabash	Avenu		ry arrest,	- 1	Interval Bety
ERTIFICATION	IMMEDI/ disease resulting Sequent If any, is cause, is CAUSE (that initial	shock, or harmonic condition	tions, adiata	a. PUS DUI	E TO (OR AS A	NA	OF):	300 Wabash	Avenu		ry arrest,	- 1	
MEDIC	IMMEDIA disease resulting Sequent if any, is cause CAUSE that initi	ahock, or h ATE CAUSE (Fir or condition g in death) tielly list condit sading to imme enter UNDERLY (Disease or Injulated events g in death) LAS	eart fallure	a. Pue Dui	E TO (OR AS A	L CONSEQUENCE	OF):	300 Wabash	Avenu		OPSY 17	24b. WERE AWALU COMPTO	Interval Betw Onset and D AUTOPSY FIND AUTOPSY FIND ABLE PRIOR TO LETION OF CAU
MEDICAL	Sequent If sny, le cause. E CAUSE (that initi resulting PART II.	ahock, or hate CAUSE (Firor condition g in death) tielly list condition selding to immediate UNDERLY (Disease or Injusted events g in death) LAS Other significations.	eart fallure nel tions, idiata iNG ury ST ant condition	b. Dui c. Dui d. HOSPITAL	E TO (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OTHER:	300 Wabash	Avenush as cert	24a. WAS AN AUT PERFORMED	OPSY 17	24b. WERE AWALU COMPTO	AUTOPSY FINDIABLE PRIOR TO LETION OF CAU FATH?
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ED BY PHYSICIAN: MEDICAL	IMMEDIA disease resulting Sequent If any, ie cause. E CAUSE that initi resulting PART II. 25. WAS C EXAM 1X 12 27. MANNI 1	ahock, or h. ATE CAUSE (Firor condition or	eart fallure nel tions, idiata iNG ury ST ant condition	b. DUI c. DUI d. DII HOSPITAL 1 Inpetient 28e. DAT (Mor	E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	OF): OF): OF): OF): OF): OF): OF): 26. F OTHER: 4 Nursing Holinin	ing cause given in PLACE OF DEATH (C) THE 5 Healdence SURY AT ORK? YES 2 NO	Part I.	24a. WAS AN AUTPERFORMED 1 (YES 2)	OPSY 17 NO	24b. WERE MARL COMPONENTS OF DE	AUTOPSY FIND ABLE PRIOR TO LECTION OF CAU
ED BY PHYSICIAN: MEDICAL	IMMEDIA disease resulting Sequent If any, ie cause. E CAUSE that initi resulting PART II. 25. WAS C EXAM 1X 12 27. MANNI 1	ahock, or hate CAUSE (Fire or condition or c	tions, dilete iNG ury ST	b. DUI c. DUI d	E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A	A CONSEQUENCE CONSEQUENCE CONSEQUENCE A CONSEQUE	OF): OF):	ag cause given in PLACE OF DEATH (C) THE STORY AT ORK? YES 2 NO THE STORY AT ORK?	Part I. Beck only of the Call	24a. WAS AN AUTOPERFORMED 1 (YES 2) TO SCRIBE HOW INJUING CATION (Street and if or lown, State)	OPSY 17 NO RY OCCURE Number or Re as stated.	24b. WERE AMAIL COMPORT OF DE	AUTOPSY FINDI ABLE PRIOR TO LETION OF CAUSATH? YES 2 NO
PHYSICIAN: MEDICAL	IMMEDI/ disease resulting Sequent If any, is cause. E CAUSE that init resulting 25. WAS C EXAM 1 27. MANN 1 2 A 3 S 4 H 29e. CERT (Chec one)	ahock, or hate CAUSE (Fire or condition or c	ro MEDICAL Pending Investigation Could not be datermined TIFYING PHY DICAL EXAMIN	b. DUI c. DUI d	E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A E TO (OR AS A	A CONSEQUENCE CONSEQUENCE CONSEQUENCE A CONSEQUE	OF): OF):	ag cause given in PLACE OF DEATH (C) THE STORY AT ORK? YES 2 NO THE STORY AT ORK?	Part I. S Other 26f. Lor City a to the case time, dat	24a. WAS AN AUTPERFORMED 1 (1) YES 2 (1) SCRIBE HOW INJUING ATION (Street and It or Yown, State) use(s) and menner a and place, and du	OPSY 17 NO RY OCCURE Number or Re as stated.	24b. WERE AMALU COMPOSED OF DE COMPO	AUTOPSY FINDINABLE PRIOR TO LETION OF CAUSATH? VES 2 NO

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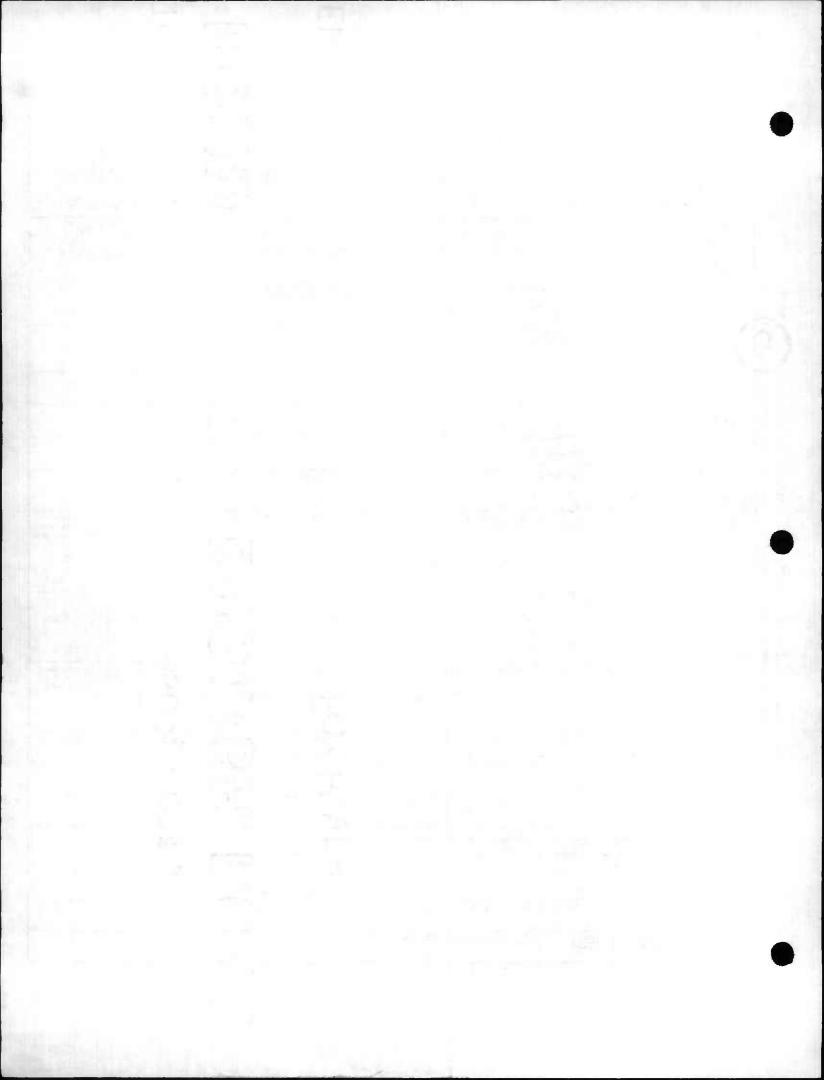
BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending Physics	by the funeral director, page 5 should be netacted for use == 10 burners emoval.	lical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the law requires that the death certificate be executed within 24 nours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained for use as the burner of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE REG. N		03302		
	1. DECEDENT'S NAME (First, Middle, Last)	rtle V.		REED		April 2,	™1991 [™]	3. TIME OF DEATH 7:09 P		
	2210 9462 1	□ M 2 XF	YRS.	F UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		913 1	BIRTHPLACE (State or Foreign Country) ARY AND		
TOR	PRANKLIN SQUEENERS OF DECEMENT	ARS HOSP		Ras	SOALS	ATH /	Baltim	ore County		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALT	Timore	10c. CITY,	LARI				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
IERAL	100. STREET AND NUMBER 2927 DORTHU	vino Ros	QP.	101	21231	+	10g. CITIZEN	S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify n, Puarto Rican, etc.) /:	Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION of done during mo retired.)	DN st of working	WO-1		il FOR SCHOOL		
MP	11 YRS.					I OF MARYLAND				
	17. FATHER'S NAME (First, Middle, Last)	TRACSY	1		0	ME (First, Middle, Maid RA BA	RS. HAC			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or				
2	FAMILY RECORDS SAME AS ABOVE									
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremetton 3 Remova 4 Donation 5 Other (Specify)	from State	b. PLACE AND DATE cemetary, crematory of ARKUW	o (Sm	Y9212	14:3 E	ARKVIL	or Town, Stata		
	21, SIGNATURE OF FUNERAL SERVICE LICEN	SEE CAND		22. NAME AN EVAT 8800		TOFLIFE	70 Ris	kvills		
	23. PART I. Enter the diseases, pr con ahock, or heart fallure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that cause it only one cause on a	d the death. Do no	t antar tha mo		arachnoic		Intarval Between Onset and Death		
NO	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Probable pneumonia DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	re any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF)									
ER	d									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.					PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ						-		1 TYES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SIC		OSPITAL: V Inpatient 2 - ER/Out		OTHER: 4 - Nursing Horr	ne 5 🗆 Residence	6 C Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WC	IURY AT ORK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCUP	RED		
	2 Accident Investigation 3 Suicide 6 Could not be detarmined Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)							Rural Route Number,		
3 Suicide 6 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							ause(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	I a M	P		29c. LICENSE NUI	MBER N/A	29d. DATE S	19NED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Theodole peweese	2, MD	9000 FT	ankiin	Square D	rive	Da I L IIIIU	re, MD 21237		



AND 21215-0020	he helpital among physician.	detected the second burnit-transit permit. Pages 1, 2, 3 should		ence.
8760, BALTIMORE, MARYLANY 21215-0020	uted within 24 nours after death. Page it may be retained by it	completely filled in by the funeral director page 5 should be a	inal, cremation, or removal,	ic event, the medical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page it may be required by the included the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnant director than a strong has a strong and a strong permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	EATH DAY	91	3. TIME OF DEATH	
	JEROME P. ROBERTSON							04 05			06:50AM	M		
		5. SEX 5. AGE (In yrs. last birthday) IF UNDER 1 YEAR F UNDER 14 H					24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPL. Country)			HPLACE (State or Foreign	gn		
	9a, FACILITY NAME (If not in	stitution, give s	treet and number)			9b, CITY, 1	nown (OR LOCATI	ON OF DE			COUNTY OF		_
DIRECTOR	PRINCE GEOF		SPITAL C	ENTER				rly			Pr	ince	Geo Co	
ည္မ	10a, STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN OR	LOCAT	TION					10d. INSIDE CITY	_
	MD		nce Geo	Co	1		Р	alme	r P	ark			LIMITS?	
FUNERAL	2509 Mu		ourt				10	f. ZIP CODE	078	5	10g	CITIZEN OF US	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Dive		FORCES?	NT EVER IN U.S. A I YES 2 MAR OR DATES	2 NO If yes, specify Cuban, Mexico			n, Mexica	can, Puerto Rican, etc.) Bla			E — American Indian, ok, White, atc. offy: White		
		EDENT'S EDU		16a. D	ECEDENT'S	USUAL OCC	CUPATI	ON		16b. KIND	OF BUSINES	S/INDUSTRY		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)				se retired.)	done during most of working ired.) /Maintainance Town of Brentwo					hoow+			
ğ	47 EATHER'S NAME (Class As	fiddle (est)		1/16		su/ Mo	1 2 11						ILWOOd	
BE CC	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES ROBERTSON MARY SWEENEY													
TO B	19a. INFORMANT'S NAME (son Wi	fe 1						Noute Number, C			785	
	Minnie Robertson Wife 2509 Muncy Ct, Palmer Pk, MD 20785 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from State of cemetary, crematory or other place)													
	4x Donation 5 Other							d						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board													
	Juni	net i	1 a Ina	1111	0/91	6	55	W	Bali	timore	St. Ba	lto.	MD 21201	
	23. PART I. Enter the d			at caused the d	leath. Do								Approximate interval Bets	,
	IMMEDIATE CAUSE (Finel													
	disease or condition resulting in death) a. acut refur try feeture 8 Due to (or as a consequence of):													
	DUE TO (OR AS A CONSEQUENCE OF):													
NO	DUE TO (OR AS A CONSÉQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSÉQUENCE OF): DUE TO (OR AS A CONSÉQUENCE OF): DUE TO (OR AS A CONSÉQUENCE OF): DUE TO (OR AS A CONSÉQUENCE OF): DUE TO (OR AS A CONSÉQUENCE OF):													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING													
임	CAUSE (Disease or Injury that Initiated events Due to (or as a consequence of):													
E	resulting in deeth) LAS	ST T	dis	ous 1	2007	mot lung din				4	(eu			
B														
EDICAL	PART II. Other aignificent conditions contributing to death but not reaulting in the underlying cause given in Part I, Office Performed? 1 Uses 2 No of Death?)					
Σ	1 TES 2 NO													
PHYSICIAN:														
5	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:			OTHER		LACE OF C	DEATH (C)	neck only one)			_	-
YS	1 YES 20 NO			☐ ER/Outpatient	W	4 🗆 Nursi	ng Hor		ealdence	6 Other (Spi				
	27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE O (Month,	FINJURY Day, Year)	28b, TII	ME OF S	W	JURY AT ORK?	¬ NO	26d. DESCRIE	BE HOW INJUR	Y OCCURED		
BY	2 Accident Investigation						28f LOCATIO	N (Street and N	umber or Rure	I Boute Number	-			
TED	3 Sulcide 8 Could not be determined City or flown, Street and Number or Rural Route Number, City or flown, Street and Number or Rural Route Number, City or flown, State)													
COMPLET	29a. CERTIFIER (Check only one) 3. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
	29b_BIGNATURE AND TITL	E OF CERTIFIE						1 200 LIC	ENSE NU	MRED	200	DATE SIGNI	ED (Month Day Year)	_
BE	1///	//							- 177	-	290	Y .	D.(Month, Day, Year)	
2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH OF	FM 271 /3-	a Printl	_	120	24	703		(
	U. HAME AND ADDRESS O	Y ENSON WI	III OUMFLETED CA	OUL OF DEATH (II	-m arj (ryp	e, rink)								
	31. DATE_FILED_/Month *Dow	# ####	32 REGATE	ANS SIGNATURE	do 80 A					-				
	31. DATE THE MOUNT Poy	1991	guille tou	Jan Jan	-									



DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

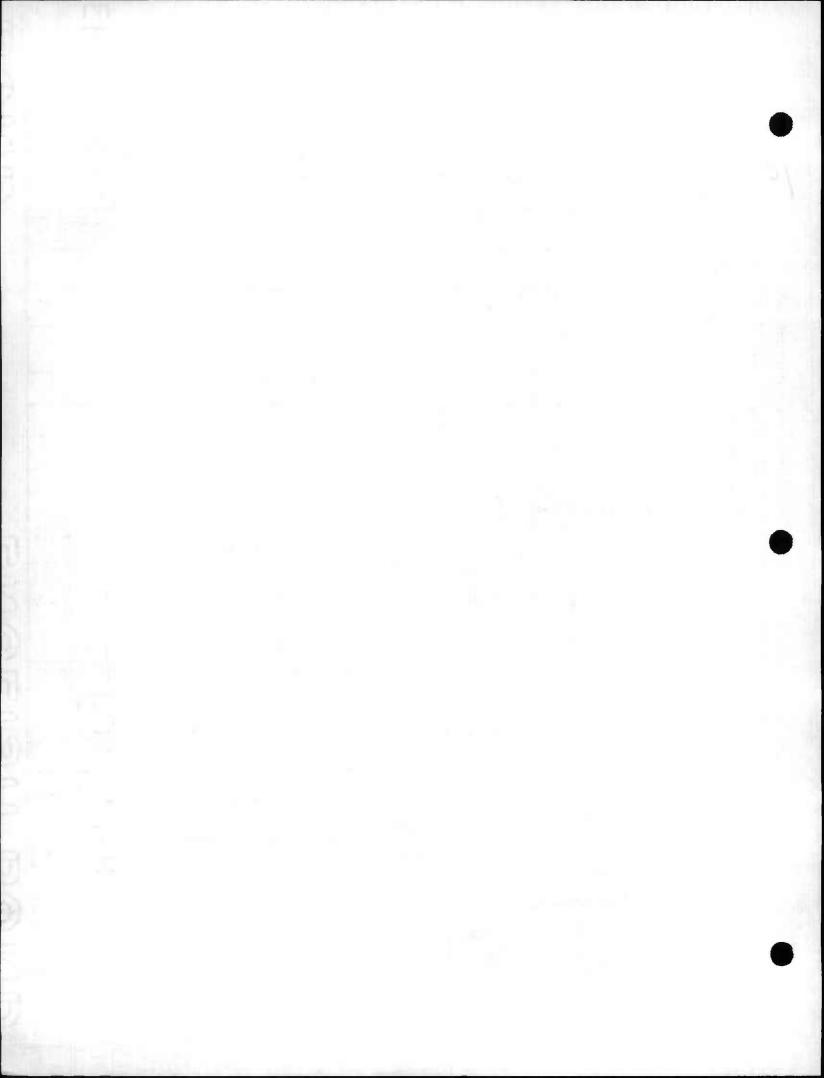
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BALTIMORE, MARYLAND 21215-0020

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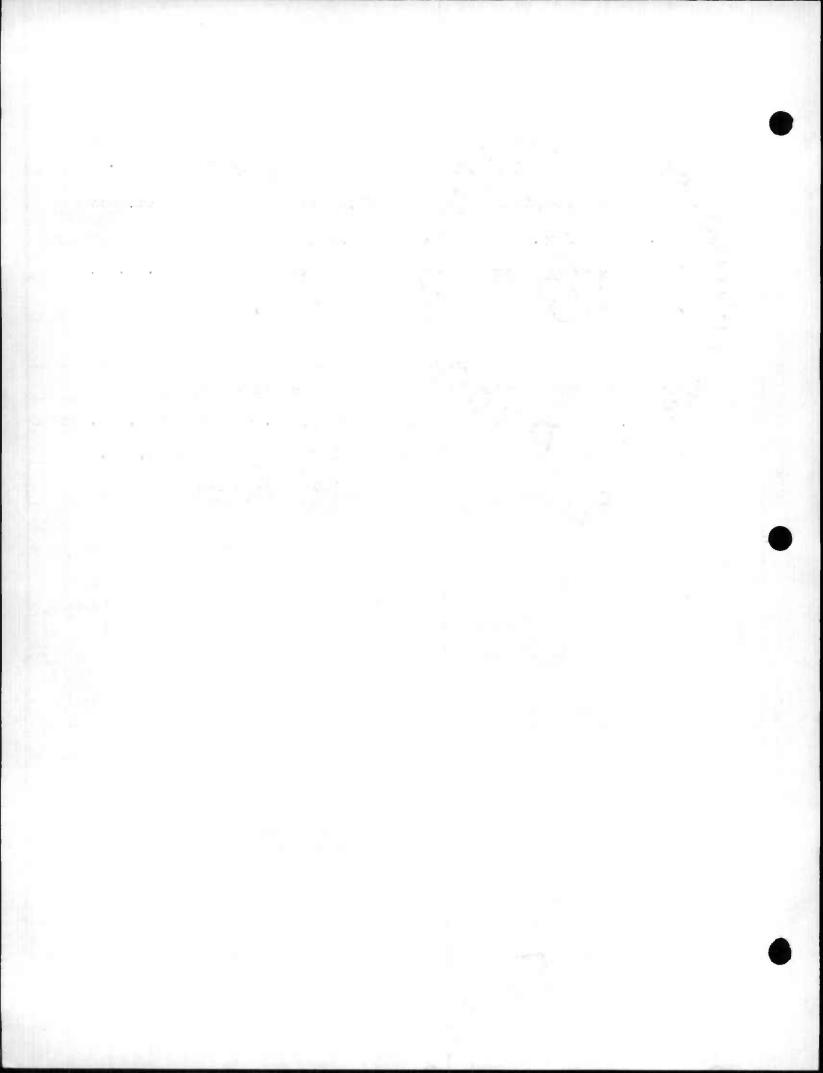
PP 12 1991

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN	
	MARVIN		ROBERT	'S		March 31.	1991 YEAR	04:30 A M	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		NPLACE (State or Foreign	
	202-30-2283	1¥ M 2 □ F	75 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	ENNSYLVANTA	
	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN C	OR LOCATION OF DI		9c. COUNTY OF		
TOR	Memorial Hospital			Cumber:	Land	P	Alleg	any	
DIRECTOR	PENNA BE	DFORD		Y, TOWN OR LOCAT THAMPTON	TOWNSHI	[P		10d. INSIDE CITY LIMITS? 1 YES THO	
FUNERAL	106. STREET AND NUMBER RD#3 BOX	276 CLEARVII	LLE, PEN		15535		10g. CITIZEN OF USA	WNAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indien,	
	1 Never Married 2 Married	FORCES? 1 TYES IF YES, GIVE WAR OR DA			ecify Cuben, Mexica 2 THO Specific	n, Puerto Rican, etc.) y:		ck, White, etc.	
B	3 Widowed 4 Divorced							WHITE	
03	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BUSI	NESS/INDUSTRY		
1 4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	of or working				
<u> </u>	8		FARME	R		POULTRY			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Meiden S	iumame)		
	WILLIAM ROBERTS				ELI	ZA BOWMAN			
BE	19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Town,	State, Zip Code)		
유	MRS. ETTA ROBER	TS	RD	X 3 BOX 2	76, CLE	EARVILLE, PA	A, 15535	5	
	20sy METHOD OF DISPOSITION	206		E OF DISPOSITION			ATION - City or 1		
	1 Buriel 2 Cremation 3 Rem	oval from State MT	TON at C	HRTSTTAN	CEMETER	Y4/3/91 SOT	UTHAMPTO	N TWP. PA	
	21. SIGNATURE OF FUNERAL SERVICE ON				ND ADDRESS OF FA				
	JAnn 1111	11 11.116				RAL SVC, I	NC PO RO	NY 170	
	7/1904061 1,000	CHICLOS			VRETT PA		NC TO BO)A 1/9	
	23. PART I. Enter the diseases, or						atory arrest,	Approximate	
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one couse on es			. 0	0 1		Interval Between Onset and Death	
	disease or condition has a second triangle of the second triangle of								
	resulting in death) a. OHE TO (OR AS A CONSEQUENCE OR)								
_	- (osonary Arthers Jisevel.								
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE C	F):	0				
¥	cause. Enter UNDERLYING	-							
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	g:	n n	0 - 1	10.0		
E	resulting in desth) LAST	Dalien	LIVEM	John	e. At	208in	Hinkle	GI.	
		1/01/2		1	1110				
4	PART II. Other aignificant condition	ne contributing to death be	ut not recuiting	in the underlyin	g cause given in	Part I. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICA						1 YES 2		COMPLETION OF CAUSE OF DEATH?	
								1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T		26. P	LACE OF DEATH (C	heck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp.	ethnet 2 1 DOA	OTHER:	V. 17. 17. 17. 17. 17.				
5 ×	27. MANNER OF DEATN	289, DATE OF INJURY	28b. Til		JURY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	HIBY OCCUBED		
	1 Natural 8 Pending	(Month, Day, Year)	IN	JURY WO	YES 2 NO	250. DESCRIBE NOW IN	JONI OCCORED		
BY	2 Accident Investigation	20. DI ACE OF IN HIM	44.5 4				14 1	I Day A March	
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, rem,	street, factory, one		281. LOCATION (Street et City or Town, State)	nd Number or Hura	r House Number,	
COMPLETED	4 Homicide datermined								
7	(Chock only	ICIAN: To the best of my knowl	ledge, death occur	red at the time, date	and place, and du	e to the cause(s) and men	ner as stated.		
. O	one) 2 MEDICAL EXAMINE	ER: On the beele of axamination	and/or investigati	on, in my opinion,	death occured at the	e time, date end place, end	d due to the ceuse	e(e) end menner es stated.	
100	29b. SIGNATURE AND TITLE OF CERTIFIE	R TAAA			29c. LICENSE NU	IMBER	29d. DATE SIGNE	ID Moren, Day, Heart	
BE		7000			D2337		D 4	11/91	
일	30. NAME AND ADDRESS OF PERSON WY	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Tun	e. Print)	עבטטו.			11/11/	
	DR. Zaman Memori				Cumberl	and, MD, 2	1502		
	31. DATE FILED, (Month, Day, Year)	32. REGISTRAR'S SIGN.		GTTGTIIS	Jumper 10				
	-	D. C	Anna Ma						
- 4	(A) DD 1720 1000	the supplied of	77. 1.49	_			_		



LENA RANCCCChia 4. SOCAL SECURITY NUMBER 2.17-015113 1. W 3 F A WES. 1. ADE (in yrs. best birthday) 1. WONTHS DAYS HOURS HER. 2. 17-015113 3. FACILITY NAME (if not institution, pips shreet and number) 3. FACILITY NAME (if not institution, pips shreet and number) 3. FACILITY NAME (if not institution, pips shreet and number) 3. FACILITY NAME (if not institution, pips shreet and number) 3. FACILITY NAME (if not institution, pips shreet and number) 4. SOCITY, TOWN OR LOCATION COCKEYSVILLE 4. SOCITY, TOWN OR LOCATION COCKEYSVILLE 5. STREET AND NUMBER 1. MARTHAL STATUS 1. MARTHAL STAT	10d. INSIDE CITY LIMITS? 1 □ YES 2 □ NO
## SCALL SECURITY HAMBER S. SEX P. A. AGE (Pr. I. Set birthout) F. LORGE 1 148N F. LORGE 1 148N T. (AGE OF BIRTH)	10d. INSIDE CITY LIMITS? 1 YES 2 NO MAT COUNTRY? A • — American Indien, , White, etc.
RESIDENCE OF DECEDENT The STATE The COUNTY The STATE The COUNTY The STATE The COUNTY The STATE The COUNTY The STATE The COUNTY The COUNTY The STATE The COUNTY The County	10d. INSIDE CITY LIMITS? 1 YES 2 NO PHAT COUNTRY? A.e. — American Indien, L, White, etc.
100. STREET AND NUMBER 101.24 Daventry Drive 101.24 Daventry Drive 101.24 Daventry Drive 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES 2 MO If YES 2 M	tod. INSIDE CITY LIMITS? 1 YES 2 NO PHAT COUNTRY? A e - American Indien, L, White, etc.
TO. STREET AND NUMBER 10. 124 Daventry Drive 10. 124 Daventry Drive 11. MARITAL STATUS 11. MARYTAL STATUS 11. Mary Married 2 Married 3 Windowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., ARMED PORCES? 1 YES 2 MO 15 YES, GIVE WAR OR DATES 11. YES, GIVE WAR OR DATES 12. WAS DECEDENT WAS DECEDENT REAL OR CHICAR (Specify Ves or No. 15 YES, GIVE WAR OR DATES 13. Windowed 4 Divorced 14. DECEDENT'S EDUCATION (FYES, GIVE WAR OR DATES) 15. DECEDENT'S EDUCATION (Read of work during most of working flow dwerk down dwarf work during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during most of working flow Dates during flow Dates flow Dates during flow Dates flow Dates Dates (First, Middle, Last) 15. MARTINE STAME (First, Middle, Last) 16. KIND OF BUSINESS/INDUSTRY 16. KIN	— American Indien,
Secondary (0-12) Secondary (0-12) College (1-4 or 5 +) Secondary (1-2) Secondary (1-2) College (1-4 or 5 +) Secondary (1-2)	- American Indien, , White, etc.
Blementary/Secondary (0-12) College (1-4 or 5+) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Homemaker The American Make (First, Middle, Last) Marcello Branciforte Josephine Contrino The American Make (First, Middle, Last) Marcello Branciforte Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The American Make (First, Middle, Maidlen Surname) Josephine Contrino The Maidlen Surname The American Make (First, Middle, Maidlen Surname) Josephine Contrino The Maidlen Surname The Maidlen Make (First, Middle, Maidlen Surname) Josephine Contrino The Mail Russes The Maidlen Maidlen Maidlen The Mail Russes	
The information is a consequence of the search of the sear	
Ralph S. Ramocchia 10124 Daventry Dr. Cockeysville, 20b. PLACE OF DISPOSITION (Name of carmatory or other place) 10 Donation 5 0 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number of Furnition, Name, Let Coop) 20b. PLACE OF DISPOSITION (Name of carmatory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7110 Solers Point Road Connelly Funeral Home of D 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory servest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated everts resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7110 Solers Point Road Connelly Funeral Home of D 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING LOUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF:	
	Approximate interval Batwee Onset and Deal 20 year 3wks
	. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO	
2 Accident Investigation	
City or Town, State) 4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.	South Mumber
280. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED 4/9	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If tem 27) (Type, Print) WAVARDO WO N. Brooderay Baltimore 31. DATE FILED (Morith, Day, Your) 32. REGISTRAN'S SIGNATURE	e) and menner as stated.

DHMH-16 Rev 1/89



LORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN		0 5 5 0 0		
	1. DECEDENT'S NAME (First, Middle, Last)	S. Th				4	DAY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NAME (II not institution, give s	1 - M 2 - F	YAS.	F UNDER 1 YEAR HONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year)	THPLACE (State or Foreign ntry) DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	Hospital			Balliner.	A	Ba	ltinore		
	10a. STATE 10b. COUNT	Baltine	10c. CITY,	Balfu	ore_		10d. INSIDE CITY LIMITS? 1 PYES 2 NO			
FUNERAL		12. WAS DECEDENT EVER IN	He ADDED		A 1215	AND OFFICIAL (P	u	S A		
ВУ	1 Newer Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2√ NO	If yes, s		SPANIC ORIGIN? (Specify Yea or No— sitean, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a, DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during m	ost of working	16b. KIND OF BL	JSINESS/INDUSTRY			
BE CO	17. FATHER'S NAME (First, Middle, Last) Author Boutsdale 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
5	19a. INFORMANT'S NAME (Type/Print) Edna Mims 20a. METHOD OF DISPOSITION		1613	131	, ffda	le reliApT	D Ba	lts, ord 21207		
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremention 3 Removel from State 4 Donellon 5 Office (Specify) 20s. MEACE AND DATE OF DISPOSITION (Name DATE OF DATE									
	· Yorkia	Eliron		Mar	\$300	H West walnest	Ave			
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused List only one cause on ea		le enter the m	ode of dying, au	ch as cardiac or res	piratory arrest,	Approximata Interval Between Onset and Death / S win		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST	b. End-ste DUE TO (OR AS A	CONSEQUENCE OF:	liec for tation	vilure, s/1	biventrice Printial	U	luce 1-2 mond at 1-2 mond 2 month		
AL	PART II. Other eignificent condition	ne contributing to death buttery diale		tha undarlyli	ng cause given in		PMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C	Check only one) 6 Other (Specify)				
BY PH	27. MANNER OF DEATH 1. Netural 5 Pending Investigation 3 Suicide 2 Could gash 2 See PLACE OF INJURY — All home, farm, street, factory, office									
ETED	3 Suicide 8 Could not be detarmined	building, etc. (Spec	f(y)			281. LOCATION (Stree City or Town, State	e)	n rooms Number,		
COMPLETED	one) —	SICIAN: To the best of my knowl ER: On the basis of exemination						e(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED, (M								ED, (Month, Day, Year)		

29b. SIGNATURE AND TITLE OF CERTIFIES

4/9/9

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Omo 31. DATE FILED (Month, Day, Year)

2 1991

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1931 June Sulter Spoke

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

Nr. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once
uted within	completely rial, cremat	c event.
be exect	ician and rior to bu	Iraumati
certificate	iding phys Hygiene p	r other
he death	the after Mental	niury o
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The lan	ate has	tem 2
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IDSPITAL OR ATTENDING PHYSICIA	UNERAL DIRECTOR: After this of with 72 hours after death with	BNT if item 28 is marked or i
NATTEND	after d	28 le
AL OR A	AL DIRECTOR: A	f Ham
TIGOT	UNERA	MAT.

	1 - FOR STATE OF MARYLAND / DEPARTMI CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
ŀ	1. DECEDENT'S NAME (First, Middle, Last) GEORGE F. SI	YITH	2. DATE OF OEATN MONTH DAY	SEAR 11 02 PM
	220092016 1 2 F 85 YRS. MONT	NDER 1 YEAR F UNDER 24 HRS. HIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	(Mogth, Day, Year) 4-7-06	BIRTINPLACE (State or Foreign Country) ARYLAND Y OF DEATN
DINECTOR	LIBERTY MED CENT	BALTIMORE		
- 11	Manua T	VN OR LOCATION D NLS V / L L E T 101, ZIP CODE	100 CITIZE	10d. INSIDE CITY LIMITS? 1 Pres 2 No EN OF WHAT COUNTRY?
UNERAL	34 LINCOLN BUK 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21218	1	1.5. A 4. RACE — American Indian,
7	1 Never Merried 2 Merried 3 National 4 Divorced FORCES? 1 Ness 2 No IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexico 1 TES 2 TO Specif	nn, Puerto Rican, etc.)	Specify LEGRO
relev	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USU/ (Give kind of work of life. Do NOT use relif	one during most of working	16b. KIND OF BUSINESS/INDU	STRY
DE COM	17. FATHER'S NAME (First, Middle, Last) SAMBLE L E. SMITH	18. MOTNER'S NA	AME (First, Middle, Malden Surname) SORET DOG	NNS
2	DONALD W. SMITH 34hin	RESS (Street and Number or Rural	Route Number, City or Town, State, Zip C	1000) 10 2121A
	20s. METHOD OF DISPOSITION 1 GLeuriat 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		DATE 20c. LOCATION CI	ty or Town, State 3 Ma
	beeph L. Russ	1222 W. A	RUSS F. H.	21216
	23. PART I. Enter the diseases, or complications that caused the death. Do not a shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition	nter the mode of dying, su	ch as cardiac or reepiratory arre	st, Approximate interval Between Onset and Death
	DUE TO (OR AS CONSCOUENCE OF):	w bolym		
HILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			
CERT	that initiated events resulting in death) LAST			
7	PART II. Other significent conditions contributing to death but not resulting in the	e underlying cause given in	Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	as BLACE OF BEATH O		1 YES 2 NO
5	EXAMINER? HOSPITAL: OT	26. PLACE OF DEATH (C HER: Nursing Home 5 - Residence		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey. Year) 28a. DATE OF INJURY (Month, Dey. Year) 1 Accident Investigation	26c, INJURY AT WORK? M 1 YES 2 NO	28d, DESCRIBE NOW INJURY OCCU	URED
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 D CERTIFYING PHYSICIAN: To the best of my knowledge, death accurred at 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in			
10 05	29b. SIGNATURE AND TITLE OF CERTIFIED AUGUST 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print	29c. LICENSE NI	0 193 29d. DATE	SIGNED (Month, Day, Year)
		BERTY MED	CTR	
	APR 1 2 1991 Julia Devidor Bondose			

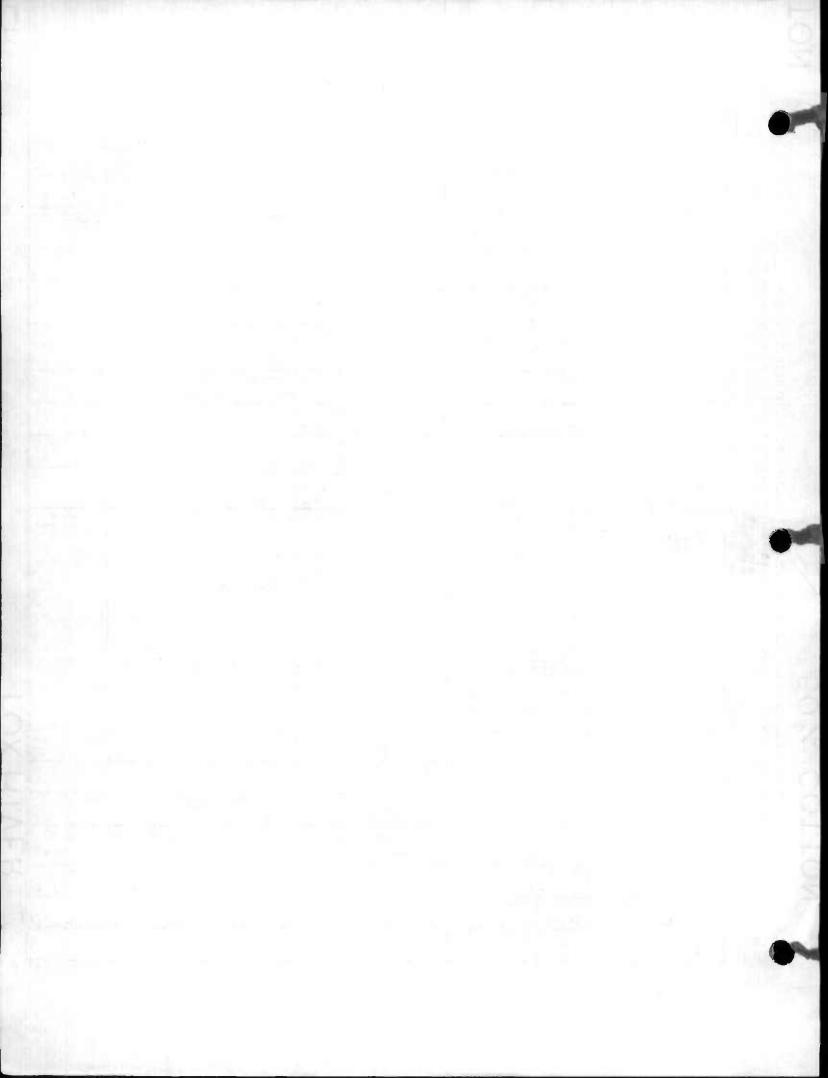
BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MAI	RYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF DEAT	ГН		REG. NO.

1	FOR STATE REGISTRAR		STATE OF I		D / DEPAR						REG. NO		1	09958	
,	1. DECEDENT'S NAME (First,	111		She	ilmo	20				2. DATE MONT	OF DEATH	ay .	YEAR 91	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME 578-56-0083		5. SEX	6. AGE (In yn	s. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE (Month	OF BIRTH I, Day, Year) V 22,	1941	Country	PLACE (State or Foreign	
ŀ	9e. FACILITY NAME (If not in		reet and number)			96. CITY, TOWN OR LOCATION OF DEATH						9c. COU			
- Company	9508 Travis				-	For	t W	ashi	ngto	n		Pri	nce G	eorge's	
	10a. STATE	10b. COUNTY	,		10c. CI1	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland	Prin	nce Georg	ge's	F	ort W	Vash	ingt	on				NES 2 NO		
	10e. STREET AND NUMBER										IZEN OF WHAT COUNTRY?				
	9508 Travis	Way				20744						Unit	tates Amer		
	11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDED FORCES? 1 IF YES, GIVE Y			If yes, specify Cuban, Mexican, Puerto Rican, atc.) Black, White, YES 277NO Specify: Specify:									
1		EDENT'S EDU		164	. DECEDENT'S	EEDENT'S USUAL OCCUPATION The kind of work done during most of working The kind of work done during most of working							DUSTRY		
	Elementary/Secondary (111th		College (1-4 or 5			(work done during most of worlding use refered.) Lental Health Tech Government							nt		
	17. FATHER'S NAME (First, M	liddle, Last)				18. MOTHER'S NAME (First, Middle, Maiden									
	Frank Oliver 190. INFORMANT'S NAME (Type/Print)					Cornelia Garrett							uirey		
			NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
1	Marcella Ro	1822	Arwell Court; Severn, Maryland 21144								.144				
	20a. METHOD OF DISPOSITION 1X Burtisl 2 Cremetton 3 Removal from State 4 Donation 5 Option (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetary, cremetary, cremetary) And Donation 5 Option (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetar														
1	21. SIGNATURE OF FAMILIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J. B. Jenkins Funeral Home 7474 Landover Road: Landover, Maryland														
	ahock, or fraft failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF):									Onset and Deat					
	reaulting in death) LAST d PART II. Other algnificant conditions contributing to death but not resulting					g in the underlying cause given in Part I.					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED 1	TO MEDICAL					26. P	LACE OF	DEATH (C	heck only o	ne)				
	EXAMINER?		HOSPITAL: 1 inputient 2	☐ ER/Outpatie	nt 3 🗆 DOA	OTHEI	R:			6 🗆 Oth					
	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. TI		28c. IN	JURY AT		_	SCRIBE HOW	INJURY O	CURED		
	2 Accident 3 Suicide 6 4 Homicide	At home, farm,	M 1 VES 2 NO 1, street, factory, office 281. LOCATION (Street and N City or Town, State)						and Numbe	lumber or Rural Route Number,					
	condon only		ICIAN: To the best of) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Monte)										(Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
	BROWD HEAlth ASSOCIATION 8401 Colesville Rd Silver Spring, M 31. DATE FRED (MONTH), Day, Your) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE 3401 Colesville Rd Silver Spring, M														



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, F.C. BOX 13149, BALLIMORE, MANILAND 21203-3140	DOE, MANILAND ZIZUS-3140
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 are after death. Page 6 may be retained by the hospital or attending physician.	pe 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	rector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	must be notified at once.

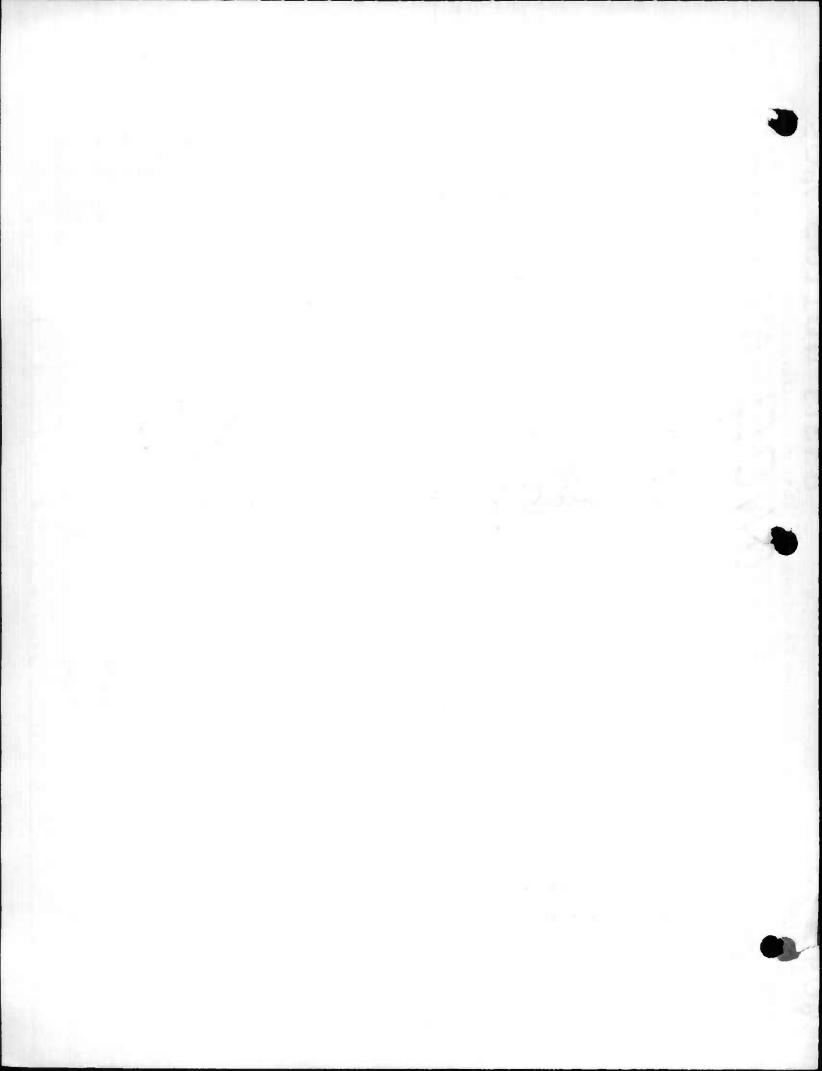
FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First		in Cmal	1						2. DATE	OF DEATH	DAY O 7 O	YEAR	3. TIME	OF DEATH
H	4. SOCIAL SECURITY NUMBER		in Smal	_	n yrs. last birthday)	IF UNDER 1 Y	EAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	9 19		PLACE (S	tete or Foreign
	214-70-85	58	1 M 2 XF	71			AYS	HOURS	MIN,	12-	th, Day, Your)	919	Countr	aic	
	9a. FACILITY NAME (If not in	nstitution, give a	street and number)			9b. CITY, TO	WN O	R LOCATIO	ON OF DE			-	UNTY OF D		~
TONERAL DIRECTOR	Residence		27 Drui	d Pa	rk Dr.	В	al	time	ore						
	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR I	OCAT	ION						10d. INS	IDE CITY
	Md.					Baltimore									8 2 NO
	10e. STREET AND NUMBER	8				10f. ZIP CODE						10g. CI	TIZEN OF V	VHAT COU	NTRY?
L	727 Druid	d Par	k Drive			21217					USA				
- 11	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDED FORCES? IF YES, OIVE	1 YES	2 NO	If ye	18, sp		n, Mexica	an, Puerto Rican, etc.) Bis				t, White, a	can Indian, tc. ack
		EDENT'S EDU			16a. DECEDENT'S	NT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUSTRY					
I	(Specify online Elementary/Secondary (I	ly highest grade 9-12)	College (1-4 or 8			ive kind of work done during most of working Do NOT use retired.) Ses Aide					Medical				
	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTI	IB. MOTHER'S NAME (First, Middle, Malden Surname)						
L		Unkn	own				Unknown								
Г	19a, INFORMANT'S NAME (tural Route Number, City or Town, State, Zip Code)					
	Edwin Johnson 2477 Callow Aven 200, METHOD OF DISPOSITION (Name of commetter), cremetery, cremetery) E					
- 11	1 XBuriel 2 - Cremetic	other place)							Md.						
- 11-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Derrick C. Jones 4611 Park Heights Avenue Balto., Md 23. PART I. Enter the diseases, Dr complications that coused the deeth. Do not enter the mode of dying, such se cerdice or respiratory errest, Approximete												., Md.		
	ehock, or heart fellure. List only one dause on each line. IMMEDIATE CAUSE (Finel disease or condition equiting in death) DUE TO (OR AS A CONSEDUENCE OF):									,	Int	erval Betweenset end Deet			
C412															
ı	If eny, leeding to immediate couse. Enter UNDERLYING														
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):														
1	PART II. Other eignifice	ent condition	ne contributing to	o deeth b	ut not resulting	in the unde	rivine	COUSO (niven in	Part I.	24a, WAS	AN AUTOPS	y 24h	WERE AL	ITOPSY FINDINGS
۱			_		_		,			PERFORMED?				AMAILABI COMPLE	LE PRIOR TO
	SIP thy widetry 1 yes 2 No										OF DEAT	H? S 2 NO			
	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:				26. PL	ACE OF D	EATH (Ch	neck only o	one)				
	1 YES 2 ND		1 Inpatient 2			OTHER:	_	100	esidence						
		Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIM	JURY	WO	URY AT PRK? YES 2] NO	28d. DI	ESCRIBE HO	W INJURY C	CCURED		
	2 Accident Investigation 3 Suicide 5 Could not be determined 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State)										ber or Rural i	Route Num	ber,		
	Cornect only		ER: On the best of											a) and ma	nner as stated.
3 Suicide 4 Homicide 6 Could not be determined Suiciding, etc. (Specify) Sui															
30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 821 N. EUTAW ST SUITE 308, Ballmur MD 2120, 31 DATE FILED (Month) Day Mar) 13 DECISTRAP'S SIGNATURE															
	31. DATE FILED (Month, Day, APR 1 2 19		Julia David	LON-A	ATURE										





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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEI						
	ARI I	Rujett				2. DATE OF DEATH	9 9	2 /2:53P w				
	216122 1643	5. SEX 0. AGE (M		THE DAYS	IF UNDER 34 HRS. HOURS MIN.	7. DATE OF BRITH (Month) Day, Way) 4/25/0	8	BIRTHPLACE (State or Foreign Country) NEW JERSEY				
TOR	Liberty 11	Vedical	11 11-	CITY, TOWN O	MORE C	ity	BC. COUNTY OF DEATH					
DIFECTOR	MD DEGENORY		BALT	IMORE	TION	9		NO. INSIDE CITY LIMITS? 1) YES 2 NO				
FUNERAL	100. STREET AND NUMBER 1120 NORTH FUI	TON		101	21217		10g. CITIZEN OF WHAT OF					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		NIC ORIGIN? (Specify Y in, Puerto Ricen, etc.) y:	na or No— 14.	14. RACE — American Indian, Black, Whita, etc. Specify: NEGRO				
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re-	IAL OCCUPATION done during mo	ON set of working	JSINESS/INDUST	TRY					
COMPLET		00/10/20 (1-4 0/ 0-4)	HOME 1	MAKER								
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA							
BE	CALET GLADDEN 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		E M. MOW		de)				
2	MR. WALTER TRU	JIETT	1120 1	NORTH	FULTON	AVENUE	BALTO.	MD 21217				
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		PLACE ANO DATE OF COMMETTERS OF CALVI				OCATION — City					
	THE CONTROL S CONTROL SERVICE LICE		MI CALVI		ID ADDRESS OF SA	OH ITM	.A. Co					
	Joseph.	J. Russ	1	2222.	-26 WES	T NORTH	AVE. I					
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Let only one cause on ase	ch ilna.	myon	wthy	n sa cerulec or res	piratory errest	, Approximate Interval Between Onset and Death				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST oue to (or as a consequence of):											
MEDICAL	PART II. Other significant conditions Sick Sim	Synd.	it not resulting in t	ha undarlyin	g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JAN				
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PI	LACE OF DEATH (C	neck only one)						
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpe	flant 3 DOA 4	Nursing Hon	ne 5 🗆 Realdence	6 Other (Specify)	IN HIM COOK					
BY PF	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME O	W	YES 2 NO	28d. DEŞCRIBE HOV	INJURY OCCUR	EU				
	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY - building, atc. (Specif	At home, farm, streety)	et, factory, offic		281. LOCATION (Stree City or Town, Sta	t and Number or : e)	Rural Route Number,				
COMPLETED	one)	CIAN: To the best of my knowled: On the basis of examination										
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	100	0		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	Nen nt)	1 239	29 /		7/4/91				
	Liberty Medial Outes											
	APR 1.2 4991	32 REGISTRAR'S SIGNA	TURE GOODS									

APRIL 2 1897 Sink Smith and Market

NO

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DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HACKED OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours whith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Illum 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEATH		3. TIME OF DEATH		
	Emerick E.		Thomps	on				04 06	1997	1:30 P M		
	4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR			And Day Mark		THPLACE (State or Foreign		
	214-16-02741	X M 2 □ F	65	YRS.	MONTHS DAY	HOURS MI	IN.	Marth, Day, Year	1920 00	month of.		
	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOW	DEATH						
8	2005 Ashland Avenue				Baltin	nore			Baltimore City			
DIRECTOR	RESIDENCE OF DECEDENT											
밀	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LO	()17	0-1	2	10d. INSIDE CITY LIMITS?			
	1/11/4				100		NU	5		1 YES 2 NO		
A	100. STREET AND NUMBER	1 0	120 ·			101. ZIP CODE)	13	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDEN	EVER IN U.S. ARN	IEO.	12 400 0	COENDERIT OF THE	- COALUA	OBIGINS (Constitution	0,5			
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ YES 2 ▼ NO Specify: Specify Specify							
B	3 Widowed 4 Divorced	11: 123, GIVE W	AN ON DATES		1	es 2 pe NO S	феспу:		Sp	Sock,		
	15. DECEDENT'S EDUCATION (Specify only highest grade com		16a. DEC	EDENT'S U	ISUAL OCCUPA	TION most of working		16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLET	(Specify only highest grade completed) Elementary/Secondary (0-12) Cofflege (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)											
MP	17. FATHER'S NAME (First, Middle, Last) //											
8	15. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)											
8	190 INFORMANT'S NAME (INFORMAT'S NAME (INFORMAT'S NA											
2	196. INFORMANT'S NAME (Type/Pring) 196. MAILING ADDRESS (Street and Number or Pural Poure Number, Giby or Town, State, Zip Code) 2008 Cash Carel Carel 154 Ct. 2 (213)											
	20a_METHOD OF DISPOSITION 20b_PLACE AND DATE OF DISPOSITION (Name) DATE 20c_MCCATION — City or Town, Blatte .											
	20a_METHOD OF DISPOSITION 1 Burlei 2 Cremetion 3 Removal from State 4 Donston 5 Other (Specify) DATE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, from story or either place) A Donston 5 Other (Specify) DATE Other											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Les by Le Qn. 1304 n. Bostro, ave. Bellin.											
	year 10	Lock	- The		113	OYN	- 6	esura	,000	Dell M		
	23. PABUL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac pr reapiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel											
	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) a. Atherexclerate fleart Disease											
	resulting in death)	DUE TO	OR AS A CONSEO	UENCE OF):	0-0-0-0		pro				
z	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO	OR AS A CONSEO	UENCE OF):							
<u> </u>	CAUSE (Disease or Injury											
ËΙ	that initiated events resulting in death) LAST											
問	d									-		
	PART II. Other significent conditions co	ontributing to	death but not re	suiting in	the underly	ing cause give	n in P	ort I. 24a. WAS AN PERFOR		14b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL								. /	□ NO	COMPLETION OF CAUSE OF DEATH?		
MEL										150 YES 2 NO		
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER	PLACE OF DEAT						
Ž	1 X YES 2 □ NO 1		ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing I	ome 5 Reside	ence 6	Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF (Month, De		26b. TIME INJU	JRY	INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCURED			
B	1 Netural 5 Pending 2 Accident Investigation					YES 2 N	-					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At her etc. (Specify)	ne, farm, si	ireet, factory, o	ffice	1	28f. LOCATION (Street a City or Town, State)		al Route Number,		
				_								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL CONTROL OF	_										
Š	One) EXAMINER: On the beels of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.											
BE C	280- MONTHURE MED FINE OF CERTIFIER		11 17			29c. LICENS	E NUMB	ER	29d. DATE BIGH	IED (Month, Day, Year)		
	hell to	11				0.C.1	M.E		▶ 04	07 1991		
2	00. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS	E OF DEATH (ITEN	27) (Type,					100			
	FRANCE O. P.	200 //	1100	1	11 Pen	n Stree	t, 1	Baltimore	Maryla	nd 21201		
	FAMIL J. PERETT, NO 111 Penn Street, Baltimore Maryland 21201											
- 1	V	1										

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending p	URECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the b manus after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	9

BY

BE COMPLETED

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MPORTANT: H

91-195 1-510 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR **JAMES** E THOMAS 1991 CIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Country) 0 1 M 2 - F 10 13 FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 936 E. PRESTON STREET DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? YES 2 NO 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4.5 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merri 1 TYES 2 NO Specify: BY ack 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) ndary (0-12) College (1-4 or 5+) MATRES rell SCCONDAR 17. FATHER'S NAME (First, Middle Last) BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and N Zip Code 2 RA 9 400 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 2 🗆 Cre netion 3 A 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 00 0-01-0 Juneral Stone 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heert feliure. List only one ceuse on each line. interval Between **Onset end Daath IMMEDIATE CAUSE (Finel** . ATHOROSCIENCE CARDIOVISCULAR DISEDSE disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART il. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL

1 VES 2 TAO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 N	FR: Irsing Nome 5, Presidence	8 Other (Specify)								
7. MANNER OF DEATH 1 Netural 5 Pending investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE NOW INJURY OCCURED								
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	orne, ferm, street, fe	ctory, office	281. LOCATION (Street and Number or Rural Route Numb City or Town, State)								

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 🔊 INEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and memor as stated.

29c. LICENSE NUMBER OCME

29d. DATE SIGNED (Month, Day, Year, 4 0-

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) STREET BALTIMORE, MARYLAND 21201 MARyamor B-016082h

31. DATE FILED (MOT 2 1991

296. SIGNATURE AND TITLE OF CERTIFIER

Mary of an artist all of 1991 & 1992

31. DATE PLED MICHINI, Day, Voluy

32 JEGISTRAPIS SIGNATURE
GUNE DEVISOR-Randoll

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		I U	3363				
ļ	+ DECEDENT'S NAME (First, Middle, Last)	lor				2. DATE OF DEATH	y S	3. T	7 2 20				
	4. SOCIAL SECURITY NUMBER 247-42-6/2 96. FACILITY NAME (If not institution, give str	1 DW2 0 F 6.	In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Morth, Day, Year)	25 S	South J	n Carolin				
DIRECTOR	FAIRMOUNT	Nursing	enter		imore								
	10e. STATE 10b. COUNTY		10c. CIT		altimor	e	读	INSIDE CITY LIMITS? YES 2 NO					
FUNERAL	Ballow C+	257	_		21231		U.S.						
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, sp		NC ORIGIN? (Specify Yon, Puerto Rican, etc.)	es or No— 14	Black, Wh	American Indian, lite, atc.				
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life, Do NOT u	usual occupati work done during me se retired.)	ON oat of working	166. KIND OF BU	iborer						
E COMPL	17. FATHER'S NAME (First, Middle, Last) Prince Taylor 190. INFORMANT'S NAME (Type/Print) Page 11 o Taylor 190. MAILING ADDRESS (Street and Number of Flural Florage Number, City or Rown, State Zip Code) 48 II N. East 22nd Ave. Portland,												
TO B	19a. INFORMANT'S NAME (Type/Print) Pearlie Taylo		196. MAILING 48 I	I N.Ea	st 22nd	AVE. POI	tTand	or,	egan ₉₇₂				
	20s. METHOD OF DISPOSITION \$\text{\text{\text{E} Burlel 2 \subseteq} Cremetton 3 \subseteq} \text{\text{Removal from State}}} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF DISPOSITION (Name of generally, crematory or other place)} \\ 20s. PLACE AND DATE OF												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approx												
		List only one cause on e	ech line.	. 60	The same way	h aa cardiac or res	piratory arres	st,	Approximata Interval Betwee Onset and Deat				
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): bat Initiated events essenting in deeth) LAST												
MEDICAL C	PART II. Other algorificant condition	a contributing to death b		In the underlying	ng ceuse given in		N AUTOPSY ORMED?	COA OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?				
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (Ch	eck only one)			YES 2 NO				
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp	patient 3 🗆 DOA	OTHER: 4 - Nursing Hor	me 5 🗆 Rasidenca	6 Other (Specify)							
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO				28d. DEŞCRIBE HOW	INJURY OCCU	RED					
G	3 Suicide 6 Could not be 4 Homicide detarmined	t be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)							Number,				
COMPLET	onel	CIAN: To the best of my know							d manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)												
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE			/								

Sind of many parts of the state

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after beath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE CONDICTED BY ELINEDAL DIBECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, o	TO BE COMPLETED BY BUYSICIAN: MEDICAL CERTIFICATION

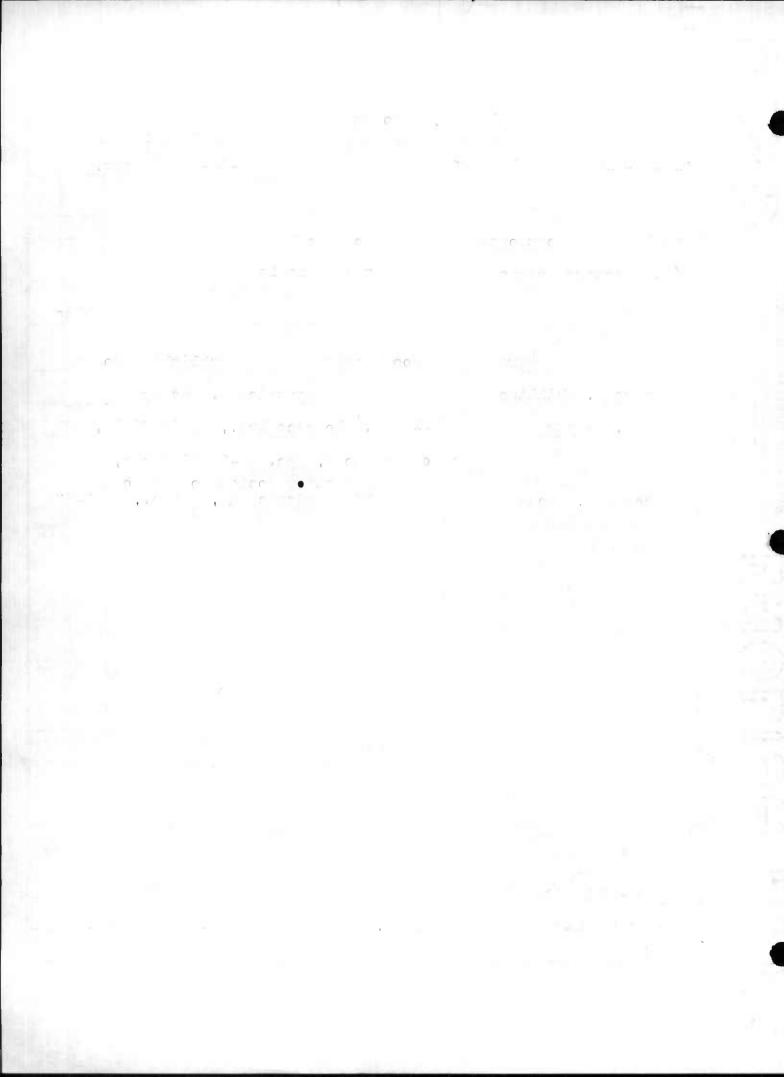
	91-1931-031							9	1 (19964		
	1 - STATE STATE OF ST	OF MARYLAND /		MENT OF H		MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) Apr	il (NMN)	The	oret		2. DATE OF	F DEATN DA	y y	EAR 3.	TIME OF DEATN		
	APRIL	patricia		THEOR	ET	4	7	1991		2:45 p M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2X	6. AGE (In yrs. last)	birthday) YRS.	MONTHS DAYS HOURS MIN			O1 -4		Country) Mas	CE (State or Foreign		
	Se. FACILITY NAME (If not institution, give street and number	or)		9b. CITY, TOWN O	R LOCATION OF OE	ATN		9c. COUNTY				
TOR	6815 EASTERN AVENUE			TAKOMA	PARK		MONTGOMERY					
DIRECTOR	10a, STATE 10b, COUNTY			TOWN OR LOCAT			10d. INSIGE LIMITS?					
	Maryland Montgo 100. STREET AND NUMBER	mery		Takoma	ZIP CODE	1 VES 2			YES 2 NO			
FUNERAL	Contract the second second			101.	2071							
¥	6815 Eastern Avenu	EOENT EVER IN U.S. ARI	4ED	13. WAS OECI	USA	14. RACE — American Indian.						
BY FL	1 Never Married 2 Married FORCES?	1 YES 2 NIN		if yes, spe	U 110	Black, White, etc. Specify: White						
	18. DECEDENT'S EDUCATION	16a. OE	EDENT'S	USUAL OCCUPATIO	N	CIND OF BUS	INESS/INDUS	TRY				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 LYY	or 5 +)	Do NOT us	ork done during mos retired.) f Read		Duhl	iahin	· C	ompany			
ğ	17, FATHER'S NAME (First, Middle, Last)	2 1 1	100	1 Neau	18. MOTNER'S NAI			g U	Jilipariy			
	Wayne W. Phillip	Q			Б							
BE	19e. INFORMANT'S NAME (Type/Print)		Beatrice P. Bachand 9b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 65807									
임	Ruth E. DeMate	1	157		orence		, Sp	ringf	iel	d, MO		
	20s. METNOD OF DISPOSITION 1 □ Burlel 2 【*Cremation 3 □ Removal from Star 4 □ Donation 5 □ Other (Specify)	te 206. PLACE of comptany.	crematory	or olsposition or other place) emators	(Name	4/1		cation — ch ltimo				
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE			22. NAME AN	ADDRESS OF EACH	CILITY.	+*** 0:	f Max		2		
- 0	George E. MacNabb 299 Frederi							1 Mar	утал	21228		
									Approximate			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.											
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. AMITRIPTYLENE INTOXICATION									Onset and Death		
		JE TO (OR AS A CONSEC			· 1							
N	Sequentially list conditions.											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING											
F	CAUSE (Disease or Injury C.	JE TO (OR AS A CONSEC	UENCE OF	·):								
E	resulting in death) LAST								1			
S									_			
¥	PART II. Other algnificant conditions contribution	ng to death but not n	eaulting i	n tha underlying	cause given in	Part I.	24a, WAS AN PERFOR		AV	RE AUTOPSY FINDINGS AILABLE PRIOR TO		
PHYSICIAN: MEDICAL						- 1	1 YES 2	□ NO		EMPLETION OF CAUSE DEATH?		
×						-			17	YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	ant onti one	1					
등 당	EXAMINER? HOSPITA	L: it 2 ER/Outpatient 3	[] DOA	OTHER:								
H H H	27. MANNER OF DEATH 28e. DA	TE OF INJURY	26b. TIM	E OF 28c. INJ	● Nasidence URY AT			NJURY OCCU	REO			
	1 Natural 5 Pending	onth, Day, Year)	TINIKA	URY WO	RK7 (ES 2 NO	CLID	TEVEN	INGEST	ם חשי	RUGS		
) BY	3 N Sulcide 28a. PL	ACE OF INJURY — At ho	me, ferm, i	street, factory, offic	•							
	3 Suicide 6 Could not be determined City or Town, State) Could not be determined HOME 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Roc											
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	past of my knowledge, de	eth occurre	ed et the time, data	and place, and due							
COMPLETED	one) 2 MEDICAL EXAMINER: On the bas									nd manner as stated.		
	29b. SIGNATURE AND TITLE OF GERTIFIER				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (M	onth, Day, Year)		
) BE	OCME > 4-9-91											
임	30, NAME AND ADDRESS OF PERSON WHO COMPLETE	D CALIFE OF DEATH (ITEL	4.07. (7	0.1-4	VULL							

32. REGISTRAR'S SIGNATURE
a Davidson-Randall

1991 2

DHMH-16 Rev 1/89

STREET BALTIMORE MARYLAND 2120

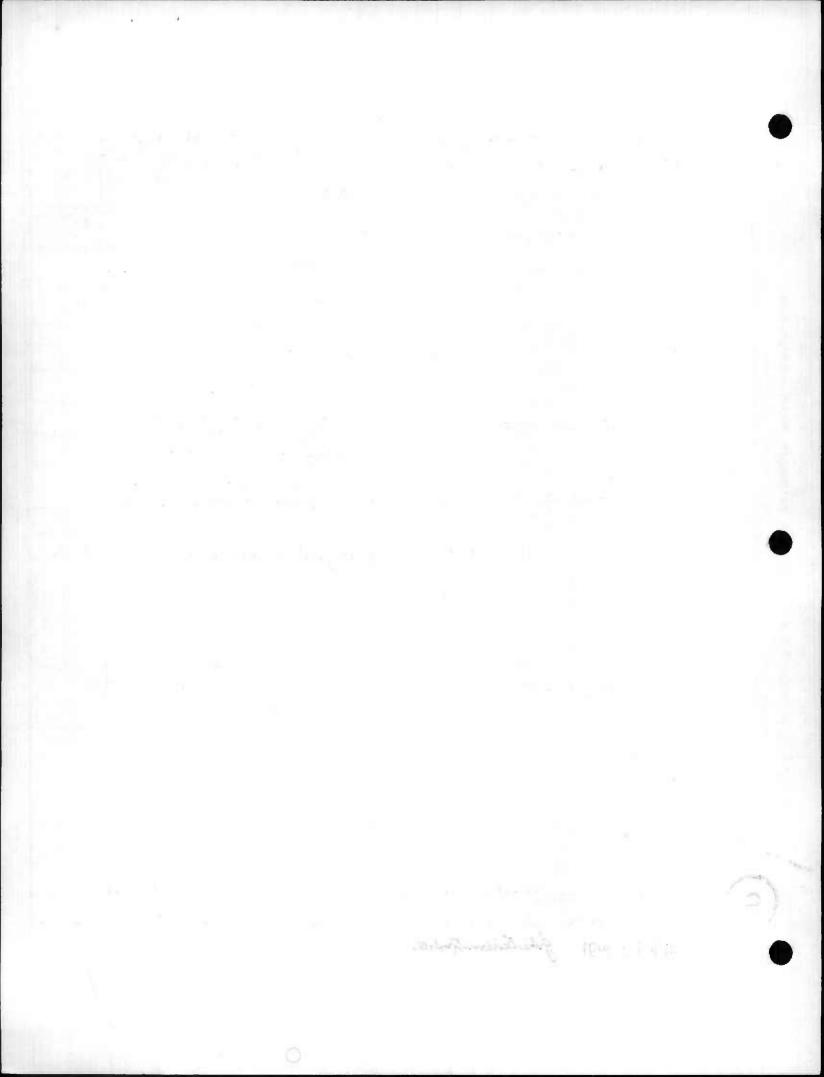


BALTIMORE, MARYLAND 21203-3146

E HOSATIL, OR ATTRICAGE PHYSIGIAN: The law requires that the death certificate be executed within 2-frouts after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within the fours that the thing have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should write the fourstanding physician and Mental Hydrone prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MAR REGISTRAR	YLAND / DEPART CERTIFIC	MENT OF H			YGIENE EG. NO.	J 1	03303					
	1. DECEDENT'S NAME (First, Middle, Leat) John Ullsperger	RANCIS UL	LSPERGE	R, JR.	2. DATE OF I	DEATH DAY	YEAR 1991	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 0. AN 2 1 1 0 M 2 1 F	37 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	26, 195:	a. BIRTI	HPLACE (State or Foreign aryland					
POR	9a. FACILITY NAME (If not institution, give street and number) Mercy Medical Center			TY, TOWN OR LOCATION OF DEATH Baltimore Sc. COUNTY OF DEATH									
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 3 Tadmore Court		101.	ZIP CODE 21234		10g. C	10g. CITIZEN OF WHAT COUNTRY U.S.A.						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OF THE PROO	ES 2 NO	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexica 2 NO Specify	pecify Yes or No- n, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	N t of working	working 166. KIND OF BUSINESS/INDUSTRY Carpenter										
BE COM	17. FATHER'S NAME (First, Middle, Leel) John Francis Ullsperg			Yed Carpenter 18. MOTHER'S NAME (First, Middle, Melden Surname) Patricia E . Fields									
10 8	196. INFORMANT'S NAME (Type/Print) John Francis Ullsperger 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1704 Pot Spring Road, Timonium, Maryla 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of computery community or												
	20a. METHOD OF DISPOSITION 1												
	► Wallace S Brooks, gr Ruck Towson Funeral Home, Inc.												
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Metastatic Esophagea (Arcinoma) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Lypomagaesemia 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO												
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)								
/ PHYS	27. MANNER OF DEATH 1 Notural 5 Pending 28s. DATE OF INJU (Month, Dey, 16	RY 28b. TIME	OF 28c. INJ	JRY AT RK?		BE HOW INJURY	OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJ building, etc. (URY — At home, farm, st Specify)			201. LOCATIO	ON (Street and Num own, State)	ober or Rural	Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my keep content of the best of my keep content on the basis of examiner.							(s) and manner as stated.					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER													
-	ROBERT NYE 301 St. PAUL PLACE MERCY MED (tr. Baltimore MO 21202												
	31. DATE FILED (Morith, Day, Your) 32. REGISTRAR'S SIGNATURE APR 1 2 1991 Sina Davidson-Randelle												



permit. Pages 1, 2, 3 should

31. DATE FILEO (Morith, Day, Year)
APR 121991

1 - STATE REGISTRAR	STATE OF M			RTMEN					YGIENE G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	orman La	cy UNGLI	ESBE	E				2. DATE OF D	2. DATE OF DEATH DAY YEAR 4-11-91			HTA
4. SOCIAL SECURITY NUMBER 212 03 5173	5. SEX	8. AGE (In yrs. less	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDES	24 HRS. MIN.	7. DATE OF BU		1904	Parylan	Foreign
92. FACILITY NAME (If not institution, give stree Franklin Sq. Hos				200		PR LOCATI		EATH		9c. COUNTY	of DEATH altimore	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				Y, TOWN (10d. INSIDE C	ITY
	timore]	Middle River					I 100 CITIZEN OF W			X NO
2233 Graythorn	Rd.			21220						109. CITIZEN OF WHAT COUNTRY?		
3 □ Widowed 4 □ Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N		If yes, specify Cuben, Mexican, Puerto Rican, atc.) Black, White, atc. 1 Types 20 NO Specify Specify						RACE — American II Black, White, atc. Specify: Whi		
Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		(Gu	ive kind of Do NOT u	'S USUAL OCCUPATION of work done during most of working use redired.) COCESSOR 18b. KIND OF BUSINESS/INDUSTRY Food Co.								
17. FATHER'S NAME (First, Middle, Last) Tony T. Unglesbee 16. MOTHER'S NAME (First, Middle, Melden Surname) Carrie Eaker												
Tony T. Unglesbee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sylvia R. Cromwell, Daughter 2233 Graythorn Rd. Balto., Md. 21220												
20s. METNOD OF DISPOSITION 20s. METNOD OF DISPOSITION XII Burisi 2 Cremation 3 Removal from State 4 Donation 3 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cometery, crematory or Meadowridge Memorial Park 20c. LOCATION — City or Town, Second Park Ploward Co., Meadowridge Memorial Park												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Balton Md. 21221												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition Decuments)											Approx Interva	imate I Batwear and Deati
DUE TO (OR AS A CONSEQUENCE OF): Pleural Fffusion: Gastrointestinal Bleeding												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE (OF):								
PART II. Other algorificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	PART II. Other algorificant conditions contributing to death but not result						ng in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☒ NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4 - Nu	R:			heck only one) 6 Other (Sp.	ecify)			
27. MANNER OF DEATN 1 Netural 8 Pending 2 Accident Investigation	27. MANNER OF DEATN 1 Netural 8 Pending 2 Accident Investigation 26a. DATE OF INJURY (Month, Dey, Year) 26b. TIME OF INJURY WORK? 1 YES 2 NO									JURY OCCUR		
3 Suicide 8 Could not be detarmined 4 Homicide detarmined 281. LOCATION (Street and Number or Fural Ploute Number, building, etc. (Specify)												
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, desth occurred at the time, data and piece, and due to the cause(s) and manner as stated.												
29b. SIGNATURE AND TITLE OF CERDIFIER	Carer	21	nd			29c. LIC	ENSE NU	MBER		29d. DATE SI	GNED (Month, Day, Y	har)

Dr. Reynaldo Carandang, Md. 9000 Franklin Square Drive, Baltimore, MD

21237

William . figure . ve . . 1962 * cold de parties de la colonia er or 1974 often Stiffer or Service

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DALIMONE, MANTLAND 21203-5140	v requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physicia	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ti		
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	4 710u	filled i	 of Health and Mental Hygiene prior to burial, cremation, or removal. 	
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HECOHDS, F.O. BOA 13146,	Tes I	gner	ealth	
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DIVISION OF VITAL

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Pages 1, 2, 3 should

DALISMONE, MANTLAND ZIZOZ-3140	ours after death, Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit.	or removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, T.C. BOX 13149,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nows after death. Page 6 may be retained by the hospital or extending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Kimberly UTTER 1200 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1957 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 💢 YRS. Ohio 273-64-1085 September 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GROVE ADV SHADY Rockville Montgomery County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TYTYES 2 NO Maryland Montgomery Gaithersburg 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 910 Curry Ford Lane United States 20878 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 📉 NO Specify: 2 X NO 1 Never Merried 2 X Merried Specify: В 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Beauty Salon Receptionist 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Elmer K. Veach Frances M. Ledger BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Kenneth D. Utter 910 Curry Ford Lane, Gaithersburg, 20e. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Home (0 2847 Wilson Blvd., Arlington, VA 22201 Enfer he disessed or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART I. Enter Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DAYS GASMOINTEGENAL BLEEDING resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL ACUTE DENA FAILURE, VAS CHLINS COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? HEPATITI S 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | NO ent 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Netural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 28f. LOCATION (Street and Number or Flural Floure Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide a Could not be determined ETED. 4 Homicide 29e. CERTIFIER 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Guka Davidson-Manda he waydsonnde 10

BARRY HECHE

Darry Keel MO.

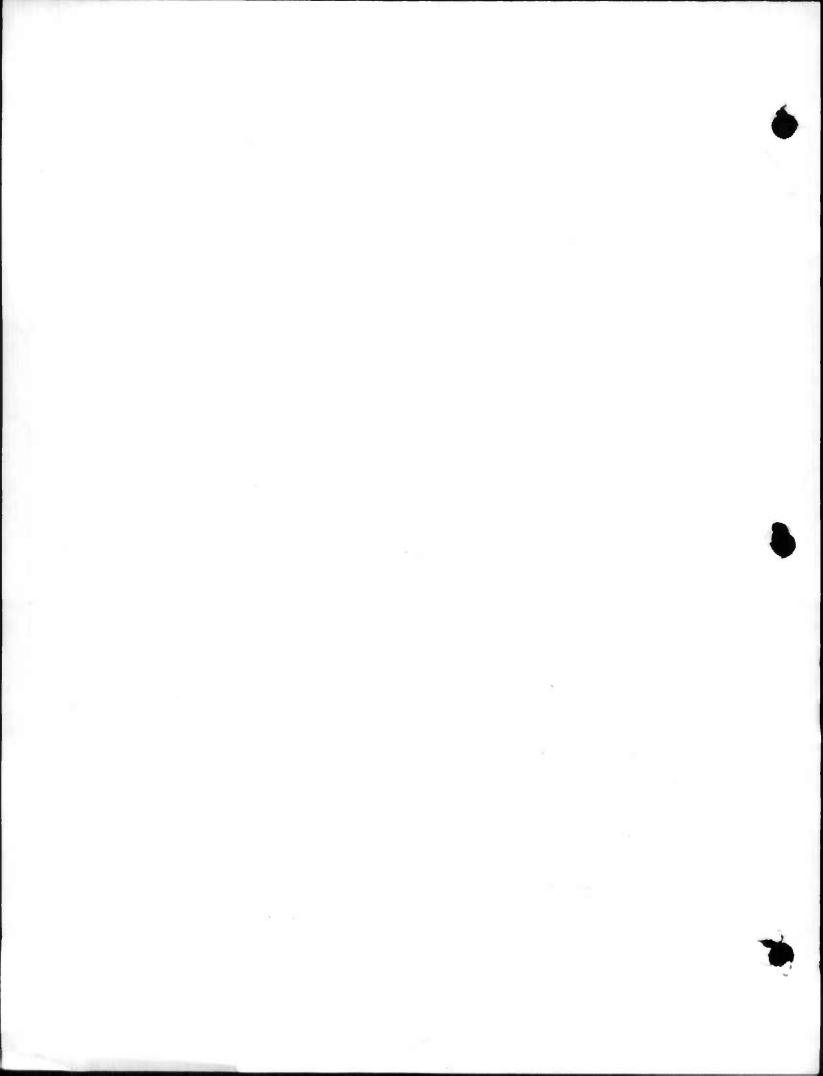
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

▶ Agnil 4, 1991

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3941 FERRALA DRIVE WHEATON, TD 20906



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ... iours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY!	LAND / DEPARTMENT CERTIFICATI		MENTAL HYGIENE REG. NO.	: 31 03368		
1	1. DECEDENT'S NAME (First, Middle, Last) Madeline				3. TIME OF DEATH		
	VASOLD MADELINE H	MADELINE H			1991 5:58 AM		
		(In yrs. last birthday) IF UNDER 72 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYE HOURS MIN.	7. DATE OF BIRTH (Morth, Day,)bar)	B. BIRTHPLACE (State or Foreign Country)		
İ	9a. FACILITY NAME (If not institution, give street and number)		Y, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH		
BO	CHURCH HOSPITAL	BA	LTIMORE				
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN			10d. INSIDE CITY		
B	Malo		imore		1 YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 211 Fleet Street	•	101. ZIP CODE 2/224		109. CITIZEN OF WHAT COUNTRY?		
UNE	11, MARITAL STATUS 12. WAS DECEDENT EVER		WAS DECENDENT OF HISPAN		or No.— 14. BACE — American Indian.		
BY FI	1 Never Merried 2 Married FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR I		If yes, specify Cuban, Mexica 1 TYES 2 WNO Specify		Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUAL O	OCCUPATION	16b. KIND OF BUS			
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)		Ratail	Dept. Store		
JMP	17. FATHER'S NAME (First, Middle, Last)	Office Man		ME (First, Middle, Maiden S			
22	Ambrose Vasold		Anna A		surnarnej		
TO BE	19a. INFORMANT'S NAME (Type/Print)		SS (Street and Number or Rural				
F	George P. Vasold	32/1 F.Le. Db. PLACE OF DISPOSITION (N	et St. Balto				
	20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	other place) acred Heart	and of comotory, cromatory or al Seaus Cem	eteru Du	ndalk, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22	NAME AND ADDRESS OF FA	CILITY	901 S.		
	Charles D. Zeile		Charles S.Ze	iler & Son	Inc. Conkling St.		
	23. PART I. Enter the diseases, or compilicatione that cause shock, or haert fellure. List only one cause on	ed the death. Do not anta					
	IMMEDIATE CAUSE (Final disease or condition	-			Onset end Death		
1	reculting in death) DUE TO (OR AS A CONSEQUENCE OF):						
z	Remuch	Ty failure					
CERTIFICATION		A CONSEQUENCE OF):	arlur -				
FIG	CALISE (Disease of Inlun)	A CONSEQUENCE OF):	allui –				
H	rasulting in death) LAST						
	PART II. Other significent conditions contributing to deeth	but not resulting in the v	inderlying ceuse given in				
PHYSICIAN: MEDICAL				PERFOR	COMPLETION OF CAUSE		
MED					1 TES 2 NO		
Ä,							
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Yes 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)						
HYS	27. MANNER OF DEATH 28s. DATE OF INJURY	Y 28b. TIME OF	28c. INJURY AT	8 U Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCURED		
ВУ Р	1 Netural 5 Pending (Month, Day, Year,	injury M	WORK? 1 YES 2 NO				
ET	4 Homicide determined						
COMPLETED	200. CERTIFFING Check property Chec						
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		29d. DATE SIGNED (Morth, Day, Year)		
TO BE		YSICIAN .	- CHH-		► 4/10 /91		
	30. NAME AND APPERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Print)					
	31. DATE FILER (Month Day, Year) 32. REGISTRAR'S SIGNATURE						
	MFR 12 1991 Grulia Davids	m-Mandell					

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TO BE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INFECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E H	1	3	Š

FOR	CTATE OF MADVI	AND / DEDART	MENT OF HEALTH	AND MENTAL UVO	JENE .	
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las			ATE OF DEAT		. NO.	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 20-05-17/8 9a. FACILITY NAME (If not institution give	1 2 M 2 🗆 F	YRS.	FUNDER 1 YEAR IF UNDER 2 HOURS HOURS D. CITY, TOWN OR LOCATIO	MIN. Month, Day, Ye	er) Co	ATHPLACE (State or Foreign unity) AVGINATION F DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	пу	10c. CITY,	DEWN OR LOCATION	-0		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S Elementary/Secondary (0-12)		2 MATES 16a. DECEDENT'S US	If yes, specify Cuben 1 YES 2 AND SUAL OCCUPATION k done during most of working	16b. KIND O	fy Yea or No 14. R.	F WHAT COUNTRY? S. M., ACE American Indian, lack, White, etc.
17. FATHER'S NAME (First, Middle, Last) 19g. INFORMANT'S NAME (Type/Print) 20e. METHOD OF DISPOSITION 1 P Burlel 2 Cremetion 3 R 4 Donaston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	275	DORESS (Street and Number of Pairm) F DISPOSITION (Name)	cunt Ave.	INCAN	md. 2122
23. PANT I. Enter the piscesse, can shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one couse on a		a enter the mode of dyle	. North has a cerdiac or	he BA reapiratory arrest,	Approximate interval Between Onset and Dec
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF:	aking			
PART II. Other eignificent condit	one contributing to deeth	but not resulting in	the underlying ceuse g	PI	AS AN AUTOPSY ERFORMED? /ES 2 NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26, PLACE OF DE	SATH (Check only one)	y)	
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJUR building, atc. (Spi	INJU	WORK?] NO	HOW INJURY OCCURED Street and Number or Ru State)	
torioon only	YSICIAN: To the best of my know					se(a) and manner as stated.
296. SIGNATURE AND THE OF CENTS	y M		D.	NSE NUMBER	D 4/	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON ANN CONJ	URA, MD	3100 L	Tyman Pa	rk Dr. E	Baltimore	1212 AM

ANN CONJURA
31. DATE FILED (MONTH, Day, Year)

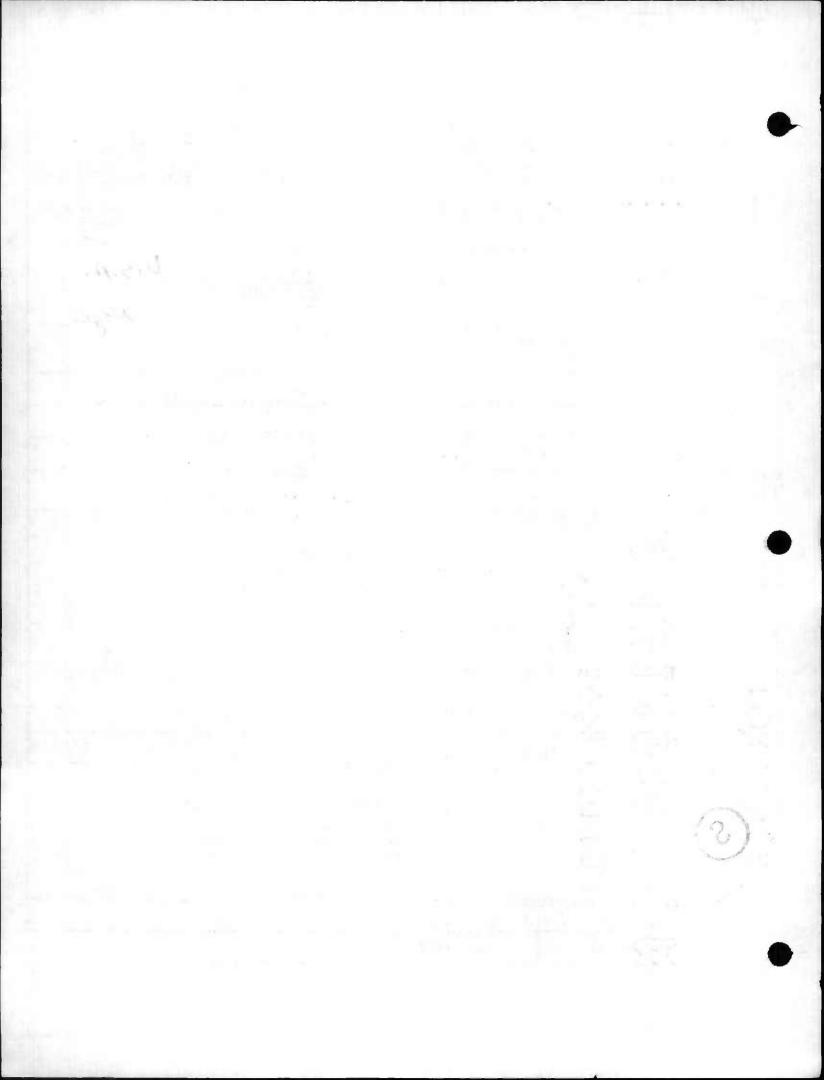
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTA	REG. NO.	2 !	U	9910	
	1. DECEDENT'S NAME (First, Middle, Las	st)				2. DATE	OF OEATH	,	YEAR 3.	TIME OF DEATH	
	GABRIELLI	E KRISTEENA	WAITH			04	05	DAY PO	91	6:10	
3	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Montl	OF BIRTH n, Day, Year)		Country)	CE (State or Fore	
i	9a. FACILITY NAME (If not institution, gh		DAYS YRS.	OF CITY TOWN O	R LOCATION OF D		3/27/19			LAND	
E I		N. CHARLES ST	REET	TOWSON		CAIN		BALTIMO			
ECTOR	RESIDENCE OF DECEDENT			Y, TOWN OR LOCAT	- '			I. INSIDE CITY			
E I	MARYLAND			ALTIMORE			L			LIMITS?	
AL	10e. STREET AND NUMBER			7	ZIP CODE			10g. CIWZE		COUNTRY?	
ne II	2321 N. CALVERT	STREET				U	15,	A.			
BY FUNE	11. MARITAL STATUS 1 Description 1 Description 1 Description 1 Divorced	12. WAS DECEOENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, spe	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify VIII yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					American India hita, atc.	
ED	15. OECEOENT'S E (Specify only highest gr		16a. OECEDENT'S	DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us	She kind of work done during most of working a. Do NOT use refired.)							
COMPL	17. FATHER'S NAME (First, Middle, Last)		NA.	84							
_	P	1.101-11		/	16. MOTHER'S N.	AME (FIRST, I			P	V	
BE	19a. INFORMANT'S NAME (Type/Print)	WM1114	19b. MAJLING	ADDRESS (Street a	nd Number or Rural	Route Num		-	code)	LIVE	
2	RUNALA C	JAITH	23-	21 N. C	PALVE	JR7	-ST 7	BAUTO	Me	21211	
	20a. METHOD OF DISPOSITION 1 Define 2 Cremetion 3 R	emoval from State	b. PLACE AND DATE	E OF DISPOSITION		DAT	E 20c. LOC				
	4 Donation 5 Other (Specify)		WIT Z	OD <	15 m	i	1	JALT	0 0	MA	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ID ADDRESS OF F	ACILITY			0 .		
	Lower	L Decc	7	222	2 W	M	onch	٠٠٠	~		
RTIFICATION	GROUP B STREP PNEUMONIA, BACTEREMIA OUE TO (OR AS A CONSEQUENCE OF): GRADE IV INTRAVENTRICULAR HEMORRHAGE, BILATERAL DUE TO (OR AS A CONSEQUENCE OF): HYDROPS FETALIS C. HYDROPS FETALIS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CER	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?									RE AUTOPSY I ALLABLE PRIOF MPLETION OF DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only o	ne)		1.		
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 🗆 Othe	er (Specify)				
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WC	PRK?	28d. OE	SCRIBE HOW II	NJURY OCCL	PRED		
BY	2 Accident Investigation		Y As home from		YES 2 NO	200100	PATION (Days)		- Count Count	Montes	
N	3 Suicide 8 Could not determined	be building, atc. (Spe	atreet, ractory, ome				TION (Street and Number or Rural Route Number, Town, State)				
6	29e. CERTIFIER 1 CERTIFYING PA	IVERCIAN: To the heat of my keep	wheth doth com-							_	
3	anal —	IYSICIAN: To the best of my know IINER: On the besis of examination								id manner as i	
8	29b. SIGNATURE AND TITLE OF CERTI				29c. LICENSE N					onth, Day, Year)	
BE	Thy no C	. Monto as	M. V.		D189				1-5-		
1 0	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	M. (),						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIQ	NATURE		_						
	APR 1 2 1991	June Wavedson-1	Junache								

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BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARY		ICATE O		MENTAL HYGIENE REG. NO.					
2886	1. DECEDENT'S NAME (First, Middle, Last) Fredo:	FREDA MAY W	RIGHT	ht	-	2. DATE OF OEATH MONTH DAY	9YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-72-6509	5. SEX 6. AGI	(In yrs. lest birthdey) Reg. YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. OATE OF BIRTH (Month, Day Year) 1-20-5	9 8. BIRT	HPLACE (State or Foreign			
Į.	9a. FACILITY NAME (If not institution, give street UNIVERSITY HO	SPITAL			I MORE,	DEATH	9c. COUNTY OF	OEATH			
3	RESIDENCE OF DECEDENT										
DIRECTOR	MD ESS	SEX		T, TOWN OR LO			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
UNEHAL	100. STREET AND NUMBER 48 RUMELIA	CIRCLE			101. ZIP CODE	221	10g. CITIZEN OF	WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED S 2/ NO DATES	If yes,	ECENDENT OF HISP	ANIC ORIGIN? (Specify Year ican, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc.				
IPLE ED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th		(Give kind of life. Do NOT u	T'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY of work done during most of working							
BE COMP	17. FATHER'S NAME (First, Middle, Last) JESSIE RAY										
2	MARY WRIGHT					EET/BALTI		D. 21218			
1	204. METHOD OF DISPOSITION 1 Denation 0 Dena		206, PLACE ANO OAT			DATE 200. LOC					
	21. SIGNATURE OF FUNERAL SERVICE LICE	Crad	2		AND AODRESS OF	FACILITY CH F.H. 11	01 E.N	ORTH AVE			
	23. PART I. Enter the diseases, or cahock, or heert fellure. LIMMEDIATE CAUSE (Finel	lat only one cause on	each line.					Approximate Interval Between Onset and Death			
	disesse or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE	Myelo	renous	Leuker	nta	2yrs.			
NO.	Sequentially list conditions, if any, lasding to immediate		A CONSEQUENCE (DF):							
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE (PF):							
CEH		la									
MEDICAL	PART II. Other algoriticent conditions	a contributing to death			-	In Part I. 24s. WAS AN / PERFORI 1 TYES 2	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF OEATH	Check only one)					
2	EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:		ce 8 Other (Specify)					
BY. PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea.		LJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN	28d. DESCRIBE HOW INJURY OCCUREO				
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, pecify)	street, factory, o	ffice	281. LOCATION (Street a City or Town, State)	nd Number or Rure	Il Route Number,			
COMPLETED	one)					due to the cause(s) and man		p(a) and menner se stated.			
מ	29b. SIGNATURE AND TITLE OF CERTIFIER	han C	Rodi	elout T	29c. LICENSE I		29d. DATE SIGN	ED (Morith, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type		niversity reche S	y Hospita	e mo	21201			
	31. OATE FILEO (Morith, Day, Year) APR 1.2 1991	132. PROISTHAR'S SI		3.7	CC/VE C	1500	. ,,,,,,,	C 0)			

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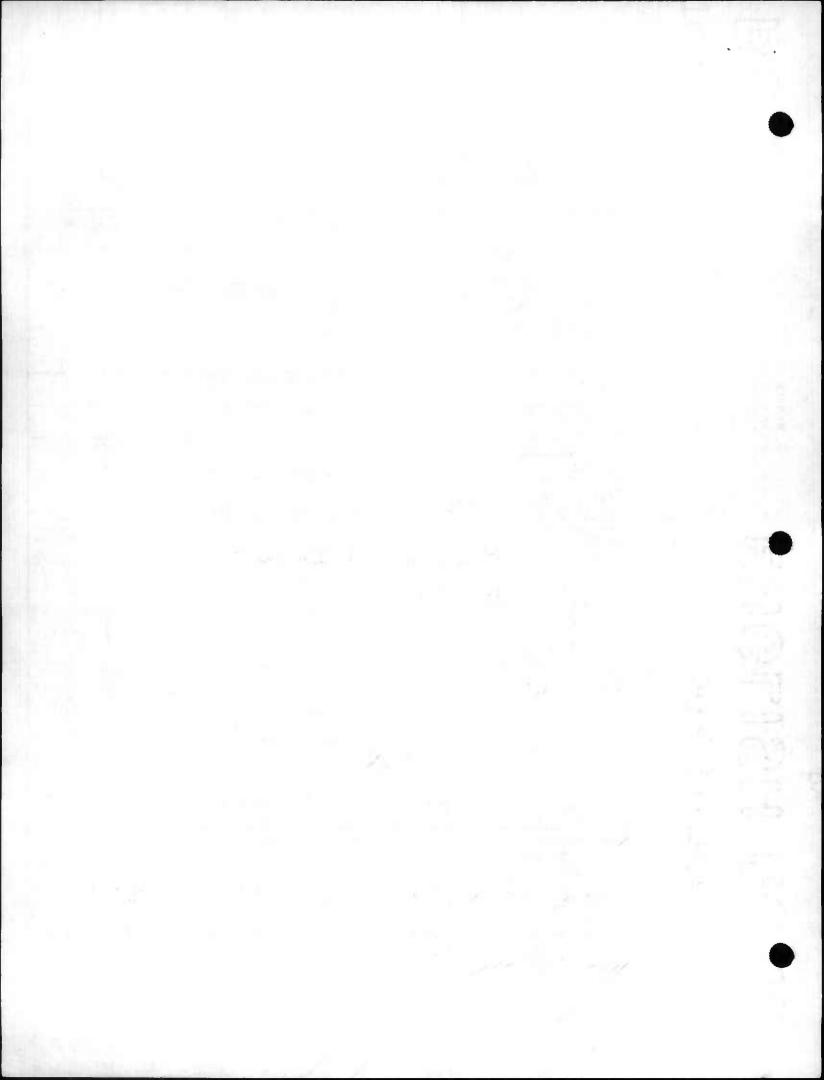
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-00
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending hat	nours after death. Page 6 may be retained by the hospital or attending of
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

rial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

4 DESCRIPTION STATES OF A STATE			ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, Helen Lee	Walters			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH 10:05 P.			
4. SOCIAL SECURITY NUMBER 420-20-4809	1 □ M 2 📉 F	83 YRS. MON		7. DATE OF BIRTH (Month, Day, Year) 419-07	Cou	Alabama			
9a. FACILITY NAME (If not institution, Meridian Hamilt RESIDENCE OF DECEDEN			CITY, TOWN OR LOCATION OF Baltimore Cit		9c. COUNTY OF	DEATH			
MD.	DUNTY	10c. CITY, TO	wn on Location Baltimore			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO			
6040 Harford	Road		101. ZIP CODE 2121	4	U.S				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Spe	can, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, etc. white			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	B EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use ret	done during most of working led.)	16b. KIND OF BUSI					
12th Grade 17. FATHER'S NAME (First, Middle, Las		Private D	Ity Nursing	Weber Nu NAME (First, Middle, Maiden S		Center			
M.E. Edwards Ida Black 196. INFORMANT'S NAME (Type/Print) Dorothy W. King 197. MAILING ADDRESS (Street and Number or Flural Acute Number, City or Town, State, Zip Code) 1716 Evergreen Dr. Baltimore, Md.—21222									
20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify)	Removal from State of	b. PLACE AND OATE OF f cemetary, crematory or o	OISPOSITION (Name ther place)	OATE 20c. LOC	ATION - City on .timore				
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	Greenmount	John C. Mill	FACILITY 64	15 Bel.	air Road			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	e. DUE TO (OR AS	each lina.	. I Inf			Approximete Interval Betwe Onset and Dec			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS								
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant con-	d		na underlying cause given	in Part I. 24a. WAS AN A PERFORI 1 YES 2	MED?	AMAILABLE PRIOR TO			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant con-	d	but not resulting in ti	28. PLACE OF OEATH (PERFORI 1 YES 2 Check only one)	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent con-	ditions contributing to death CAL HOSPITAL: 1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	but not resulting in the	28. PLACE OF OEATH	PERFORI 1 YES 2 Check only one)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algoriticant con-	ditions contributing to death AL HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) ation 28e. PLACE OF INJURY building, etc. (Spi	but not resulting in the treatment 3 DOA 4 to 1 DOA 4 t	28. PLACE OF OEATH (MER: Nursing Home 5 Rasidence 28c. INJURY AT WORK? M 1 YES 2 NO	PERFORI 1 YES 2 Check only one) 6 Other (Specify)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algniticant con- 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Could not determine 29a. CERTIFIER (Check only) CERTIFIER (Check only)	ditions contributing to death AL HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) ation 28e. PLACE OF INJURY building, etc. (Spi	tpetient 3 DOA 4 29b. TIME Of INJURY 1Y — Al home, farm, streecify)	28. PLACE OF OEATH (MER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO t, factory, office	Check only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street all City or Town, State)	MED? NO NO NUMY OCCURED No Number or Rule ner se stated.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			

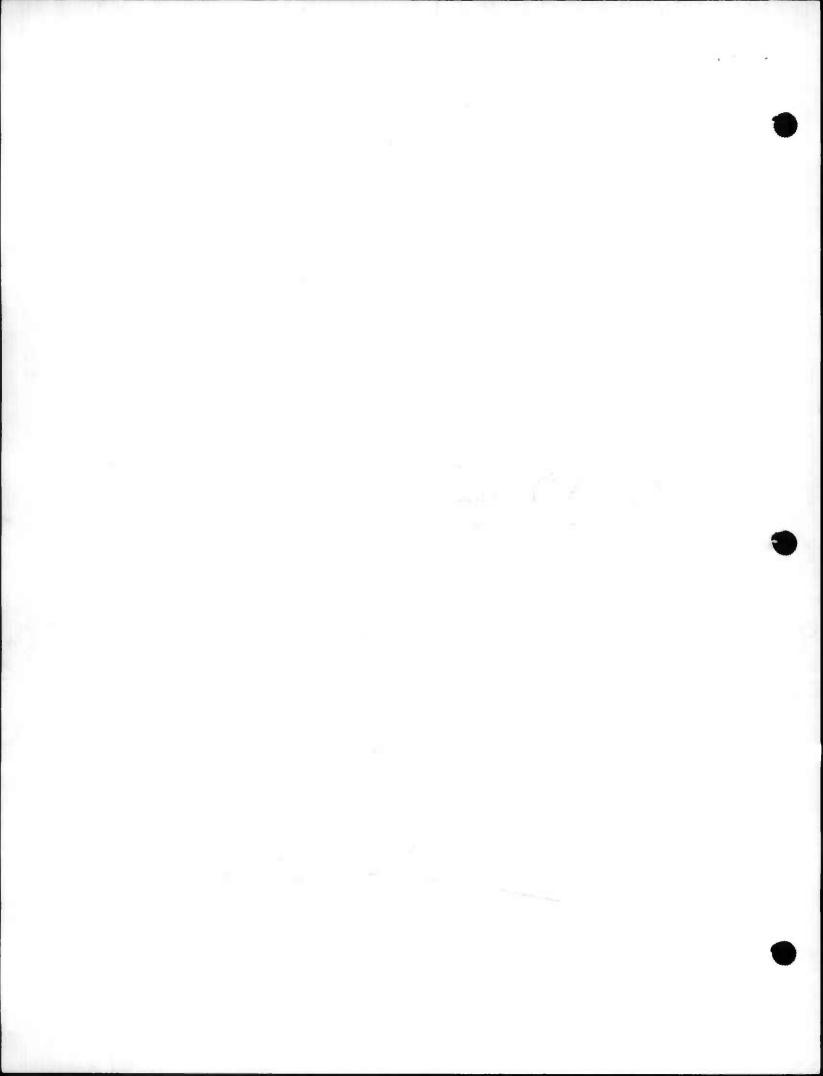


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01111	or death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
101	eath	E
	D 70	.50

APR 1 2 1991

B. DECHSHARTS SIGNATURE TOWNS OF THE PROPERTY

	FOR	STATE OF MA	RYLAND / DEP/	ARTMENT	OF H	EALTH AND I	MENTAL HYG			19913
	1 - STATE REGISTRAR					DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Hazel E. Wehrma	an.					2. DATE OF DEAT	1 199–	9I	3. TIME OF DEATH 7.4 40 AM M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthda	y) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
	1	1 - M 2 X F	30 YRS	MONTHS	DAYS	HOURS MIN.	Organia. Day Obe		Armr	e Arundel CO
NO.	Stella Maris	`	CITY, TOWN OR LOCATION OF DEATH TOWSON				ec. county of DEATH Baltimore			
ן ק	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. (OTY, TOWN O	R LOCAT	ION			T	10d. INSIDE CITY
DIRECTOR	Md. Balto									LIMITS? 1 YES 2 NO
BY FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE		10g. C	ITIZEN OF W	/HAT COUNTRY?
ÿ	Dulaney Valley Rd	12. WAS DECEDENT E	VED IN I.O. ADMED			21204 ENDENT OF HISPAN	110 ODIONIO 10IA	M N .	USA	
교	1 Never Married 2 Married	FORCES? 1 I	YES 2 XNO	1	t yes, sp	ecify Cuban, Maxica 2 XNO Specify	n, Puerto Rican, etc.			— American Indian, , White, etc.
	3 Widowed 4 □ Divorced	IF TES, GIVE WAR	OH DATES		I LES	2 LINNO Specin	<i>y</i> :		Cauc	Masian
COMPLETED	(Specify only highest grade of	(Specify only highest grade completed)			CCUPATIO	ON st of working	16b. KIND OF	BUSINESS/I	NDUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	House	ekeepe	r		Ret	red		
Ö	17. FATHER'S NAME (First, Middle, Last)		1 11000			16. MOTHER'S NA	ME (First, Middle, Ma)	
BE	John H. Norfolk					Eva B.	Jones			
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural I				
	William G. Wehrman			Manor Ro		LOCATION				
	29a. METHOD OF DISPOSITION 1-S Burlel 2 Cremetion 3 Remo 4 Donation 6 Other (Specify)	netery, crematory or	200		o., M					
	22. NAME AND ADDRESS OF FACILITY John C. Miller Inc.									
- 33	1 Semant	142	4			Belair Ro		Md	. 212	.06
	23. PART I. Enter the diseases, or co									Approximate Interval Between
	ahDck, Dr haart falture. List only one cause on €ach line. IMMEDIATE CAUSE (Finsi								Onset and Death	
	disease or condition resulting in deeth)	Pneumo								
_		Recurr	ent Stroke	: orp; 2S						
10	Sequentially liet conditions, if any, leading to immediate	DUE TO (OI	R AS A CONSEQUENCE	OF):						
CA	CAUSE (Disease or Injury	OUE TO (O	R AS A CONSEQUENCE	OF)						
CERTIFICATION	that initiated events resulting in death) LAST	002 10 (01	A A CONSEQUENCE	. OF J.						į
CE	PART II. Other significant conditions	a contributing to de	eth but not resultir	o in the ur	derivin	o ceuse olven in	Part i 24s WA	S AN AUTOPS	y 245	WERE AUTOPSY FINDINGS
CAL						g occoor great in	PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA							'''"	S 2 NO		DF DEATH? 1 YES 2 NO
2 : 2										
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100	T week.		LACE OF DEATH (Ch	peck only one)			
YSI	1 TYES 2 NO		R/Outpatient 3 🗆 00/	10		ne 5 🗆 Residence	6 Other (Specify			
	27. MANNER OF DEATH Netural 5 Pending Investigation	26a. DATE OF IN (Month, Day,	JURY Year)	MULIRY M	WC	JURY AT DRK? YES 2 NO	26d, DESCRIBE H	OW INJURY (OCCURED	
D BY	3 Suicide 6 Could not be	26e. PLACE OF I	NJURY — At home far	m street, fact	tory, offic	ca .	26t. LOCATION (S City or Town,	reet and Num State)	ber or Rural I	Route Number,
ETE	4 Homicide determined									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINES	CIAN: To the best of m) (a) and manner so stated
	29b. SIGNATURE AND TITLE OF CERTIFIER		The state of the s	The same of the sa	printing, t	1				
O BE				_		29c. LICENSE/NU	75404	290.0	MIC SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO Eddie Nakhuda				Tows	son, Mar	yland 21:	204		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. or Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICATI	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Les	et)					2. DATE	OF DEATH DAY	YE	3. TIME OF D	EATH
Ida	Bernice		Youn	g		4	9	9	3 • / • 7	Рм
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthd			IF UNDER 24 HRS.		OF BIRTH , Day, Year)	0. E	BIRTHPLACE (State of	r Foreign
220-22-4998	1 🗆 M 2 💢 F	71 YR	S. MONTHS	DAYS	HOURS MIN.		12-1919	·	Va	
9e. FACILITY NAME (If not institution, give	e street end number)		9b. Cf11	, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
4522 Umatilla	Ave.		Ba	ltim	ore					
RESIDENCE OF DECEDENT										
10e, STATE 10b, COU	NTY	1000	CITY, TOWN		TION				10d. INSIDE C	
Md		B	altimor						1 💢 YES 2	
10e. STREET AND NUMBER				10	. ZIP CODE				OF WHAT COUNTRY	n
4522 Umatilla A	_				21215				J_S A	
11, MARITAL STATUS 1 Never Married 2 Merried	12, WAS DECEDENT EX				ENDENT OF HISPA			or No- 14.	RACE — American I Black, White, etc.	ndien,
3 🕅 Widowed 4 🗆 Divorced	IF YES, GIVE WAR			1 TYES	2 NO Speci	ty:			Specify: Black	K
15. DECEDENT'S E	DUCATION	16a. DECEDEN	TTIE HELIAL O	COLIDATI	251	1 400	KIND OF BUSI	I I		
(Specify only highest gr	ede completed)	(Give kind	f of work done of use retired.)	during me	est of working	160.	KIND OF BUSI	NE39/INDUS I	HY	
Elementary/Secondery (0-12)	College (1-4 or 5+)		,							
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (Eller A	Aldello Maides C			
						e Ball	niudia, Maidell 3	ucielle)		
19a. INFORMANT'S NAME (Type/Print)		105 844	INC ADDRES	C (Phonest			Oh. at 7	Onto The Con-	4-1	
William Young, Jr			Cahill		and Number or Rural			State, ZID COO		,
20g, METHOD OF DISPOSITION		20b. PLACE AND D			D Q I	timore		ATION	21207 or Town, State	
1 (A Buriel 2 Cremetion 3 R	emoval from State	of cemetary, crema WOOD I AW			(Name	DATI				
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	WOOdlaw			ND ADDRESS OF F		91 Balt	imore,	Md	
21. SIGNATURE OF POLICE SERVICE	LICENSER		22.		ch F/H Wes					
MULTIN	1 4 WW				00 Wabash		e			
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	- b	AS A CONSEQUENCE	E OF):	vasc	ular Dis	ease				
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENC	E OF):							
PART II. Other significent condit	ions contributing to de	ath but not result	ing in the u	nderlylr	g cause given in	Part I.	24a. WAS AN /		24b. WERE AUTOPS	
							PERFORM		AMILABLE PR COMPLETION	
						_	Inqui		OF DEATH?	
						-			I L TEO 2	
25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (C	hack only or	nel			
EXAMINER?	HOSPITAL:	Mutastiant 2 - N	OTHE	R:						
27. MANNER OF DEATH	28s. DATE OF IN-		TIME OF		ne 5 Pesidence		SCRIBE HOW IN	JURY OCCUR	ED	
Netural 5 Pending	(Month, Day,		INJURY M	W	YES 2 NO					
2 Accident Investigation 3 Suicide & Could not	28e. PLACE OF II	JURY — At home, fa	rm, atreet, fee			281. LOC	ATION (Street o	nd Number or I	Rural Route Number,	
4 Homicide 8 Could not determined	De buliding, etc.	(Specify)	,			City	or Town, State)			
29e. CERTIFIER								-		
(Check only	IYSICIAN: To the best of my	-							suse(s) and manner	as stated.
296. SIGNATURE AND TITLE OF CERT	methole	his)		29c. LICENSE N			29d. DATE SI ▶ 4 - 1 (GNED (Month, Day,)	bar)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)				RA1+	ore 1	4d 2120	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	CIGNATURE			iii reiln	DL,	DATUIN	ore, r	4d. 2120	1
	0									
APR 1 2 1991	July Devidson	Mondall.								

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FOR STATE REGISTRAR

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OR	that
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TA	Je P
OF VI	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF CEATH YEAR **DELORES** YOUNG 7. DATE OF BIFITH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) T.7. IF UNDER 1 YEAR IF UNDER 24 HRS. 219-18-1172 69 VA 1 M 2 F Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MD BALTIMORE YES 2 NO permit. I FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. 2501 ROSEDALE STREET 21216 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, Whits, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 TONO Specify: Specify: BY NEGRO 3 Widowed 4 Olvorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEGENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) RETIRED once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ä JOHN GREENE BE ELEANOR WEAVER notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DENISE CHAPPELI 2407 ELLAMONT STREET 201/METHOD OF OISPOSITION 2 20b, PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or To DATE must 204 METHOD OF CISPOSITION

1 Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) ARRISON Co-FOREST V. examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ă medical 23. PART J. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** ahock, or haart fellure. List only one cause on each line. interval Between 6 **Onset and Death** IMMEDIATE CAUSE (Final and completely fille burial, cremation, the Renal Failure disease or condition homic resulting in death) event. DUE TO (OR AS A CONSEDUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): Pessible Hygiene prior to burial. traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury has been signed by the attending physician of Dept. of Health and Mental Hygiene prior to or other DUE TO (DR AS A CONSEQUENCE DF): that initiated events reaulting in daeth) LAST injury. PART II. Other algoliticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? PHYSICIAN: MEDICAL shows any 1 | YES 2 NO OF DEATH? 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) this certificate h Hem HOSPITAL: OTHER: 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA OR ATTENDING PHYSICIAN: ne 5 🗆 Residence 8 🗀 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 ND BY After t 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 COMPLETED DIRECTOR: / 4 Homicide 28 POHTANT: If Hem 29s. CERTIFIER

(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE FUNERAL D THE HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20 nIVETSO 20/C Day, Vear) 31. DATE FILED (Mo) APR 9/2/1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1287 2 7 8 The Same Market

170 5 497

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYLAI	CERTIFIC				EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) RUBEN	LeROY		ADAMS		2. DATE OF	DAY	YEAR 9 1	3. TIME OF DEATH 7:38p M
4. SOCIAL SECURITY NUMBER		W.	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH ny, Ybar)		HPLACE (State or Foreign
217-07-0231	¹\\ M 2 □ F 73	YRS.			JAN.13	, 1918	BA	LTIMORE, MD
9a. FACILITY NAME (If not institution, give a UNION MEMORIAL		9	BALTIM	R LOCATION OF DE	ATH	9c. C0	DUNTY OF I	DEATH
RESIDENCE OF DECEDENT	HOSFITAL		DELL'IN	OKE -				
10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?
MARYLAND		BALT	TIMORE					1) YES 2 NO
10e. STREET AND NUMBER				ZIP CODE		10g. C		WHAT COUNTRY?
3028 HURON STRE	ET 12. WAS DECEDENT EVER IN U	LO ADMED		21230			_	.A.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	endent OF HISPAN belfy Cuben, Mexica 2 X NO Specify	n, Puerto Rica		Spec	E — American Indian, sk, White, etc. city: WHITE
15. DECEDENT'S EDU		16a. DECEDENT'S US			16b. Kil	ID OF BUSINESS	INDUSTRY	
(Specify only highest grade Elementary/Secondary (9-12)	College (1-4 or 5+)	life. Do NOT use r	k done during mos etired.)	it or worlding				
10TH GRADE		SUPERV	VISOR		GF	OCERY B	USINE	SS
17. FATHER'S NAME (First, Middle, Last) WILLIAM R. ADAMS				MAMIE D		le, Malden Sumeme)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number,	City or Town, State,	Zip Code)	
BLANCH E. ADAM	S	3028 I	HURON S'	TREET, B	ALTIMO			
20a. METHOD OF DISPOSITION 1 Description Description	noval from State of ce	PLACE AND DATE O metary, crematory or	other place)		DATE	20c. LOCATION		
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		KEVIEW MI		PARK D ADDRESS OF FA	4/13	SYKE	SVILL	<u>.Е</u>
· gackie K	I. Shan	or.	HUBBAR	D FUNERA	L HOME		ORE.	MD. 21229
IMMEDIATE CAUSE (Finel	e. MTERIO SCLE	ROTIC CA				or reepiratory	arrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A C	CONSEQUENCE OF):						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						
PART II. Other algnificent condition	ne contributing to death bu	t not resulting in	the underlying		mar I a	- 1400 411 417700	ny 1 a	
	_			a ceuse diven in	PART I. I 24			b. WERE AUTOPSY FINDINGS
OBESITY				g ceuse given in		PERFORMED?	2	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OBESITY				g ceuse given in		PERFORMED?		MAILABLE PRIOR TO COMPLETION DF CAUSE
					_ '	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	ACE OF DEATH (Ch	eck only one)	PERFORMED? YES 2 NO	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpetient 2 ER/Outpet 26e. DATE OF INJURY	tlant 3 DOA 4	26. PL DTHER: Unsing Hom	ACE OF DEATH (C≿	eck only one) 6 □ Other (S	PERFORMED? YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 - Inpatient 2 - ER/Outper		26. PL DTHER: Nursing Hom OF 28c. INJ WO	ACE OF DEATH (C≿	eck only one) 6 □ Other (S	PERFORMED? YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpet 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUS	26. PL DTHER: Nursing Hom OF 26c. INJ WO 1 1	ACE OF DEATH (Ch e 5 Residenca URY AT RK?	6 Other (S 28d. DESCR	PERFORMED? YES 2 NO	OCCURED	ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	1 Inpetient 2 ER/Outpet 26s. DATE OF INJURY (Month, Dey, Year) 26s. PLACE OF INJURY	28b. TIME INJUI	26. PL DTHER: Nursing Hom OF 28c. INJ TY WO M 1 1 1	ACE OF DEATH (Ch. 5 Residence UTY AT RK? rES 2 NO	eck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or is	PERFORMED? YES 2 NO Pecify) IBE HOW INJURY ON (Street and Num own, State)	OCCURED iber or Rural stated.	ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	1 Inpetient 2 ER/Outpet 2 26a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJURY - building, etc. (Specifical): To the best of my knowle ER: On the basis of examination	28b. TIME INJUI	26. PL DTHER: Nursing Hom OF 28c. INJ TY WO M 1 1 1	ACE OF DEATH (Ch. 5 Residence UTY AT RK? rES 2 NO	eck only one) 6 □ Other (S 28d. DESCR 26f. LOCATI City or :	PERFORMED? YES 2 NO Pecify) IBE HOW INJURY ON (Street and Num fown, State)	OCCURED iber or Rural stated. o the cause	ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

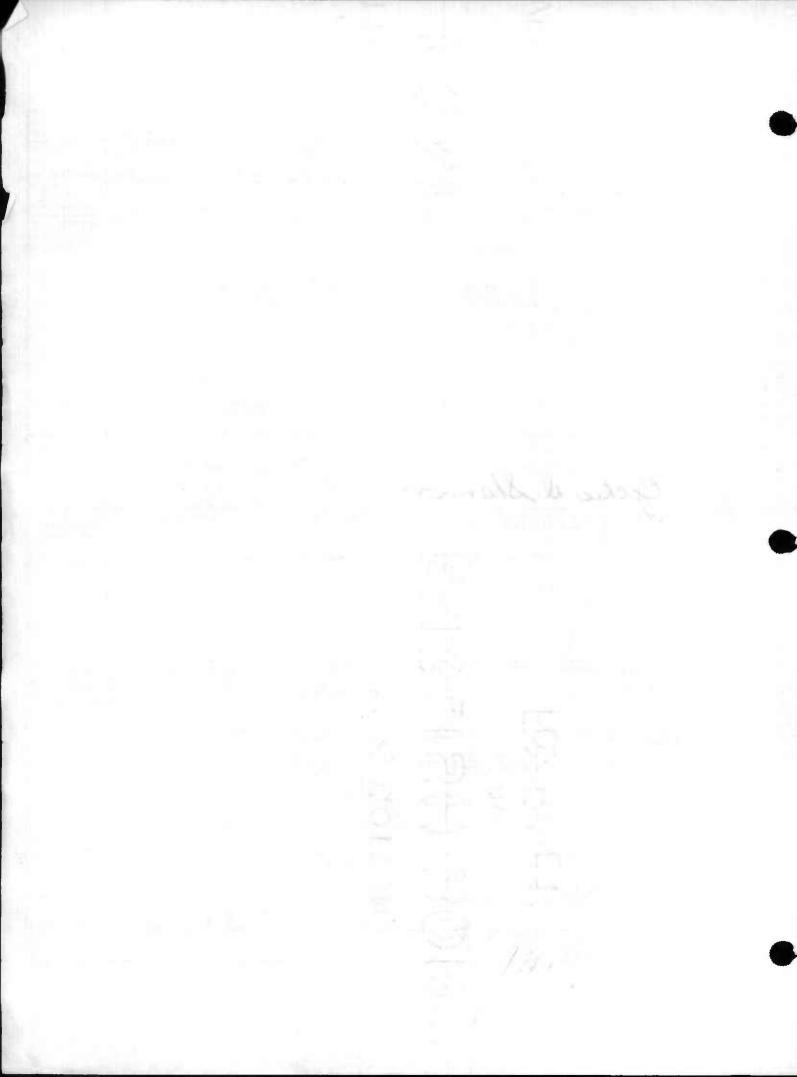
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
APR 15

32 REGISTRAR'S SIGNATURE

Julia Daviesar - 1

DHMH-16 Rev 1/89



INSICIAN: The law requires that the death certificate be executed within 2 DIVISION OF VITAL RECORDS, P.O. BOX 13146, certificate has been signed the State Dept. of Health or Item 23 shows a TO THE HOSPITAL OR APPLICATION TO THE PLINESAL DIPPORTOR De filed within 72 hour in MPORTANT. If Items is man

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ig physician and comp	prior	her fraumal
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nding	Hygi	any injury or othe
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First	, Middle, Last)	Ohow? - ±±		ERTIF		E OF	DEAT	ТН	2. DATE	REG. NO.		VEAD	3. TIME OF DEATH	
			Charlott	e Louise	Ame	nd				MONTH	12		YEAR	1: 45 p	
	4. SOCIAL SECURITY NUMBER 213-46-360		5. SEX 1 M 2	6. AGE (In yrs. las	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	of BIRTH 1, Day, Year) 1—28—0	3	8. BIRT Coun	HPLACE (State or Foreign try) Indiana	
OR	Stella Ma						Y, TOWN O		ON OF DE					DEATH	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	imore	10c. CITY, TOWN OR LOCATION TOWSON					10d. INSIDE CITY LIMITS? 1 YES 2 X NO						
FUNERAL C	100. STREET AND NUMBER		ey Road				101	ZIP CODE	1204		10g. CITIZEN OF WHAT COUNTRY?				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES					13.	If yes, sp		n, Mexice	in, Puerto I	U. S.A. NIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian Black, White, etc.				
	(Specify onl	(Specify only highest grede completed) (Give kind of work done during most of working					KIND OF BU	KIND OF BUSINESS/INDUSTRY							
COMPLETED	Elementery/Secondary (I		N/A	•)		emak						vn Ho			
	17. FATHER'S NAME (First, N	own				18. MOTH		NAME (First, Middle, Meiden Surname) Margaret Keightley				ey			
TO BE	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 2618 Sandy Mount Rd., Finksburg, Md. 21048														
	20c. METHOD OF DISPOSITION 20c. METHOD OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 4 Donetton 5 Other (Specify) Most Holy Redeemer Cem. 20c. LOCATION — City or Town, State Baltimore, Md.														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimuenk Funeral HOme Inc. 3331 Brehms Lane, Baltimore, Md. 21213														
7	23. PART I. Enter the d	lisesses, or leart fellure nal	**List only one car	use on each lins	s. /		r the mo	de of dyl	ing, auc	ch aa card	disc or reap	Iratory ar	reat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list condi- if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inje- thet initiated events resulting in death) LAS	diets ING ury	с	(OR AS A CONSE											
PHYSICIAN: MEDICAL (PART II. Other algnifica	ent condition	ne contributing to	desth but not i	reauiting	in ths u	nderlyin	g causa (given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Ch	neck only or	10)				
	1							_	F (Specify)	INJURY OC	CURED				
LED B	2 Accident 3 Suicide 8 4 Homicide	Could not be determined		OF INJURY — At he, etc. (Specify)	ome, farm,	street, fa	ctory, offic	•		28f. LOC City	ATION (Street or Town, State	end Numbe	or or Rural	Route Number,	
	an according						-								
COMPLETED BY	(Critick Orlly		ICIAN: To the best of ER: On the basis of											(e) end manner as stated.	

July Deignor Handrik

APR 1 5 1991

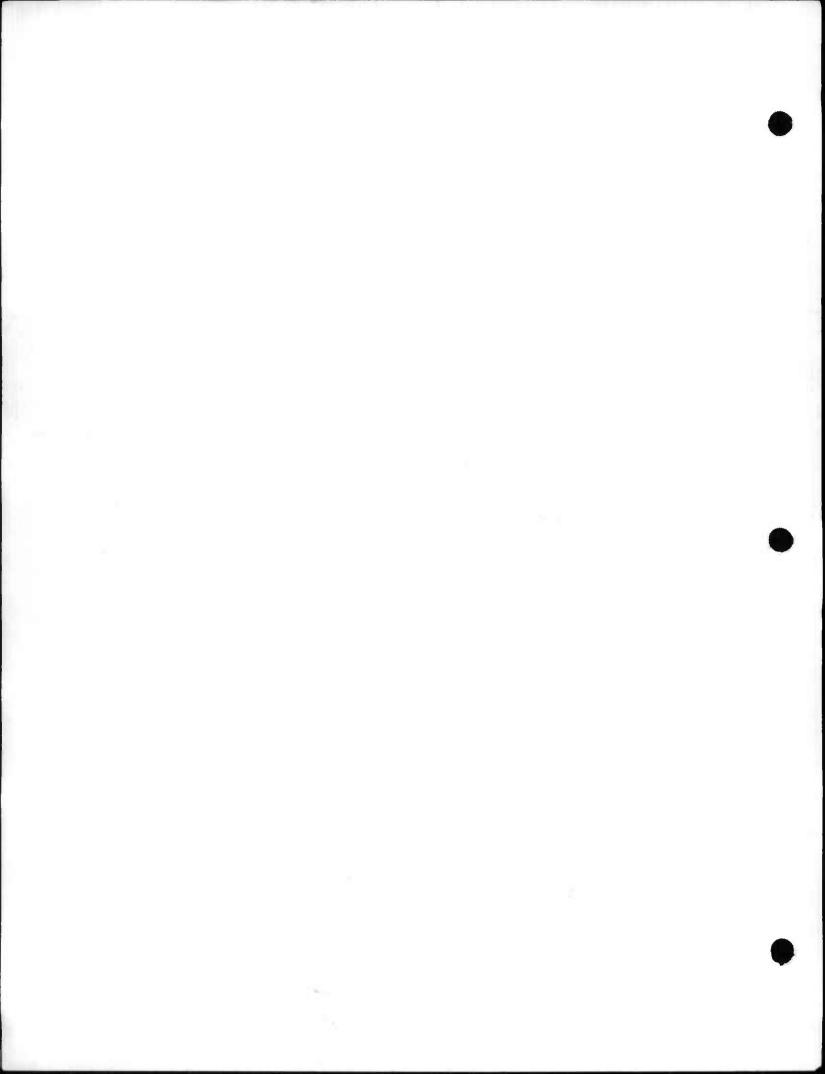
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO	i.	
1. DECEDENT'S NAME (First, Middle, Last))				2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
RAYMOND ARRIN	IGTON					91	12:30 a M
4. SOCIAL SECURITY NUMBER	8. SEX 6. A	AGE (In yrs. last birthday)		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cour	THPLACE (State or Foreign
404 26 4712	1 M 2 F	65 YRS.	9b. CITY, TOWN OR I	OCATION OF DE	9-10-25		ENTUCKY
VA MEDICAL CENTE			FT HOWAR		A111	BALTI	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10e CITI	Y, TOWN OR LOCATION				10d. INSIDE CITY
							LIMITS?
MARYTAND ANN 100. STREET AND NUMBER	IE ARUNDEL.	G1	LEN BURNIH	P CODE		T	1 YES 2 NO
111 MARLEY NECK	ROAD		1277	21061		USA	WHAI COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X	ER IN U.S. ARMED YES 2 NO			IIC ORIGIN? (Specify Ye	s or No- 14. RA	CE — American Indien, ick, White, stc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR O		1 TYES 2		n, Puerto Rican, etc.)	311.50	ecity: WHTTE
15. DECEDENT'S ED	UCATION	16e. DECEDENT'S	USUAL OCCUPATION		18b. KIND OF BU	SINESS/INDUSTRY	WITETE
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of w	work done during most one retired.)	f working			
		Reti	red		Mill	wright	
17. FATHER'S NAME (First, Middle, Last)				B. MOTHER'S NA	ME (First, Middle, Melden		
WILLIAM ARE	RINGTON			ADCTE	SANDERS		
19e. INFORMANT'S NAME (Type/Print)	TITOTOR	19b. MAILING	AOORESS (Street and		Route Number, City or Tow	vn, State, Zip Code)	
Milton Arring	ton	111 M	farley Nec	k Road	Glen Bur	nie. Md.	21061
20g METHOD OF DISPOSITION	1	20b. PLACE OF DISPOS				OCATION — City or	
1 🕅 Buriel 2 □ Cremation 3 □ Real 4 □ Donation 5 □ Other (Specify)	moval from State	other place)					
21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE	LMd. State	Veterans	ADDRESS OF FA	eluty Cr	ownsvill	e. Maryland
* () man a D	23	incolli	George	J. Gor	nce Funera Hwy. Balt		
23. PART I. Enter the dissess, or	loations that on	now see					Approximata
	List only one ceuse of		tot enter the mode	or dying, suc	il se ceruisc or resp	matory sirest,	Interval Between
iMMEDIATE CAUSE (Finel disease or condition							Onset and Dasth
reaulting in death)	 CARDIOR 	ESPIRATORY	ARREST				
		AS A CONSEQUENCE OF					
Sequentially list conditione,		TTC TERMIN AS A CONSEQUENCE OF		ANCER_			
if any, leeding to immediate cause. Enter UNDERLYING			r).				
CAUSE (Disease or injury	c. CACHEXI	AS A CONSEQUENCE OF	F)·				
that initiated events resulting in death) LAST							
	d,						+
PART II. Other significant condition	ons contributing to dae	th but not resulting	In the underlying o	ause given in	Part I. 24s. WAS AI	N AUTOPSY 2 PRMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
					1 TYES		COMPLETION OF CAUSE OF DEATH?
					_		1 YES 2 NO
· · · · · · · · · · · · · · · · · · ·	-				— I		
25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E OF DEATH (Ch	neck only one)		
EXAMINER? 1 YES 2 X NO	HOSPITAL:	Moutantiant 2 Dags	OTHER:				
27. MANNER OF DEATH	28e. DATE OF INJU				8 Other (Specify) 28d. DESCRIBE HOW	IN HIEV OCCURED	
1 X Natural 5 Pending	(Month, Day, Y		JURY WORK		280. DESCRIBE NOW	INJUNI OCCURED	
2 Accident Investigation		INTERV		2 NO			
3 Suicide 8 Could not b	building, etc.	IJURY — At home, farm, (Specify)	street, factory, offica		28f. LOCATION (Street City or Town, State		II Houte Number,
TOTAL ONLY	YSICIAN: To the best of my	knowledge, death occurr	ed at the time, date er	d place, end due	to the cause(s) end me	enner as stated.	
one) 2 MEDICAL EXAMI	NER: On the besis of exami	nation end/or investigation	on, in my opinion, dea	th occured at the	time, data end place, e	and due to the caus	e(s) and manner ea stated.
29b. SIGNATURE AND TITLE OF CERTIF	ide /		7 2	9c. LICENSE NU	MBER	29d. DATE SIGN	ED (Morth, Day, Year)
101	Lory_					D 4	19/91
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE C	OF DEATH (ITEM 27) (Type	a, Print)			1	4//
							*
ANITE PATER MD	TA MEDICAL	CENTED T	T HOUSE	MADSZEA	MD 21052		
ANTI PATEL MD	VA MEDICAL	CENTER, F	T_HOWARD,	MARYT A	ND 21052		



FOR STATE REGISTRAR

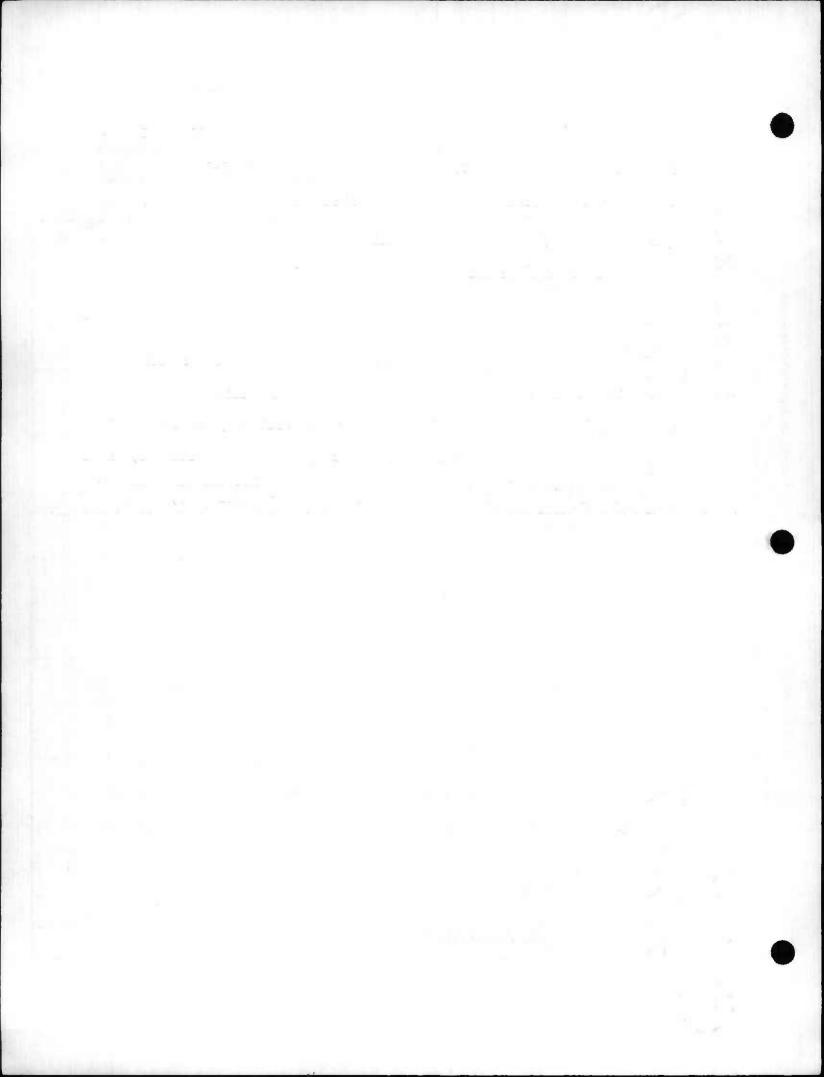
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91

09979

	1. OECEDENT'S NAME (First,					1744				2. DATE OF E			MEAN	3. TIME OF OEAT	Н
ľ	A	NN O	NEAL	BLOME						4	1		91	6:53P	M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In y	rs. lest birthday,		ER 1 YEAR			7. DATE OF B (Month, Day	IRTH		8. BIRTH Count	IPLACE (State or For	eign
	215-01-1854		1 🗆 M 2 😾 F	75	YRS.	MONTHS	DAYS	HOURN	MIN.	4-27			Count	197	
	9a. FACILITY NAME (If not in		treet and number)			9b. CIT	ry, TOWN	OR LOCATI	ON OF OE	ATH		9c. COU	INTY OF D	EATH	
OR	Union Memor	ial Ho	nspital				Bal	Ltimo	re				N/A		
5	RESIDENCE OF DEC	10b. COUNT													
R		TOB. COUNTY				TY, TOWN								10d. INSIDE CITY LIMITS?	
2	Maryland 100. STREET AND NUMBER		N/A		В	alti		OI. ZIP COD				40 000		1 X YES 2	NO
RA			7 0.				- ['		8					WHAT COUNTRY?	
FUNERAL DIRECTOR	3900 Nor	th Cha	arles Str		SARMEO		1 1 1 1 1		210	IIC ORIGIN? (S	and Man		USA	E American India	
	XXVever Married 2	Married	FORCES?	YES :	2) (10	1.3	If yes,	specify Cube	en, Mexica	n, Puerto Rican		or No-	Bleck	k, White, etc.	n,
BY	Widowed 4 Divo	rced	IF TES, GIVE	MAN ON DATE			1 10	S 2 💢 NO	Specify	<i>r</i> :			Spec	White	
COMPLETED	15. OEC	EDENT'S EOU	CATION	16	Sa. OECEOENT	S USUAL	OCCUPAT	TION	to a	16b. KIN	D OF BUS	HNESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	Me. Do NOT	use retired.	(.)	nost of worki	nny						
MP	12				Bool	keer	per				Cons	truc	tion	1	
8	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Middle	, Maiden	Surname)			
BE	Frederic		lome						Grac	e Mill	er				
2	19a. INFORMANT'S NAME (2001					Route Number, C					
-	Warren Bow									timore					
	20a. METHOD OF OISPOSIT 1 Burlel 2 1 Cremetic	ION on 3 🗆 Rem	oval from State	30	LACE OF OISP				metory or					own, State	,
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		revere 47	_ Gr	eenmou						ва	rtime	ore,	Marylan	a
	Dame.	3 Tec	nen Xenal	w.k.C		22	Z. NAME	ANO AOORE	SS OF FA	Mitche	e11-V	Vied	efelo	d Home	
	Dennis	Stepi	nen Xenal	is			6500) Yorl	k Roa	ad Balt	imo	re, l	Mary:	land 212	12
	23. PART I. Enter the d		complications the			not ante	er the n	node of dy	ing, suc	h ea cardiac	or respi	ratory a	rrest,	Approxima	
	IMMEDIATE CAUSE (Fir		List only one or	288 OH 66C	ii iiiio.			0						Onset and	
	disease or condition resulting in death)	→	. 20	10 S1	(5	\	D	e hu	1de	rale	3			1-20	leer
	•		DUE TO	OR AS A CO	ONSEQUENCE	ok):		(1						0
Z	Sequentially list condit	ions	b												
CERTIFICATION	if sny, leading to imme cause. Enter UNDERLY	diete	OUE TO	(OR AS A CO	ONSEQUENCE	OF):									
5	CAUSE (Disease or Inju		C. OUE TO	(OR AS A C	ONSEQUENCE	OFI-									
Ē	that initiated events resulting in death) LAS	ST .		, , , , , , , , , , , , , , , , , , , ,		,.								İ	
E			d												
	PART II. Other significa		7 0	0			Λ.		given in	Part I. 24s	WAS AN	AUTOPSY	246	MAILABLE PRIOR	
MEDICAL	Chron		bstruc	line	lun	P 0	lia	eas	و] 10	YES 2	-		COMPLETION OF CO	
ME	OSte	000	rosis)				_				1 TES 2 1	10
ä		3													
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТНІ		PLACE OF	OEATH (Ch	eck only one)					
PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2			4 🗆 N	luraing He		lesidence	8 Other (Sp					
표	27. MANNER OF DEATH	Pending	28a. DATE O (Month, i	F INJURY Day, Year)		ME OF	1	NJURY AT WORK?		28d. OESCRI	BE HOW I	NJURY O	CCURED		727
B	2 Accident	Investigation				M		YES 2	□ NO						
	3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE o	of Injury —, etc. (Specify)	At home, farm	, street, fa	actory, of	fice	101	281. LOCATIO	N (Street i wn, State)	and Numbi	er or Rural	Route Number,	
절			ICIAN: To the best o												
COMPLETED	2 MED	HCAL EXAMINE	ER: On the besis of	examination a	nd/or investiga	tion, in my	y opinion	, death occu	ured at the	time, date and	place, an	d due to	the cause(s) and manner as a	tated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R 12					29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
9	John	N-	Dow	rel	mo			Do	106	49			4/1	2/9/	
-	30. NAME ANO ADDRESS O	F PERSON WI	7			oe, Print)	7 12	Val	. 0	0 0	01	0.	0 -		
	TO M	n w.	Bowi			68	00	JORK	(~	ex Do	wr.	140	1 2	1212	
	31. DATE FILED (Month, Day,		gena Dav	AS SIGNAT	afdell										







1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	EHILL	AIEU	FUEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Emma Jones B.	lunt			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
							777	70 - 74
- 1	The state of the s	-	F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH	PLACE (State or Foreign
- 1	216-46-4902 10 M2 DE 87	YRS.		1	07-20-	-03	MAN	150N. Md.
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOW	OR LOCATION OF DEA	TH	9c. COL	JNTY OF DE	EATH
œ	1/=8-11 011	1,	BALTI	mad c		0		2 /
임	KESWICK RESIDENCE OF DECEDENT	- '	PARK! II	TEKE		DAG	tieno.	REC. 144.
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY.	TOWN OR LO	CATION				10d, INSIDE CITY
三	M'N Pull' M'I							LIMITS?
	MD. Baltimore City	INA	410	NORE				1 X YES 2 NO
₹	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CI1	TIZEN OF W	HAT COUNTRY?
띪	100 W. 40 5+.			21211		1 1	45A	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR		13. WAS D	ECENDENT OF HISPANI	C ORIGIN? (Specify	Yes or No-		- Maria Artico (Marian, White, etc.
	1 Never Merried 2 Married FORCES? 1 YES 2 FORCES?	40		specify Cuban, Mexican ES 2 KNO Specify:			Specifi Specifi	
`	3 New Midowed 4 Divorced		'''	es 2 Action Specify.			Specif	"White
ا ۵	15, DECEDENT'S EDUCATION 16e, DE	CEDENT'S US	BUAL OCCUPA	TION	16b, KIND OF	BUSINESS/IN	IDUSTRY	
	(Specify only highest grade completed) (G	live kind of wor Do NOT use	rk done durina	most of working				
ا 5	Elementary/Secondery (0-12) College (1-4 or 6+)			-A-1-	te	chin	α	
탈ㅣ	4college re	tire	d tea	cner			כי	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	IE (First, Middle, Mai	den Surneme)		
BE	Calvert R. Jones				Emma Sr	nith		
	19e. INFORMANT'S NAME (Type/Print) 19	b. MAILING A	DDRESS (Stree	et and Number or Rural R	oute Number, City or	Town, State, Z	(ip Code)	
유	T.Benjamin Jones 5	309	River	Crescen	t Dr. A	napo	lis.	Md.21401
	20b. PLACE 1-Old Burlet 2 Cremetion 3 Removal from State	OF DISPOSIT	TON (Name of	cemetery, cremetory or	200	LOCATION -		and the late of th
	4 Donation 6 Other (Specify) OLd	Trin.	ity C	hurch Ce	m. C	nurch	Cre	ek, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF FAC	Mitchol		lofo]	d IIomo
	James Olfsten Kenakes		6500		witcher	r-wrec	rerere	и ноше
	Dennis Stephen Xenakis		6500	York Road	d Baltim	ore, M	faryla	and 21212
	23. PART I. Enter the disasses, or complications that caused the de		t anter the	mode of dying, auch	as cardlec or n	spiratory a	rreat,	Approximats
	ahock, or haart fallure. List only one cause on each line							Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Q1	1.1.4	A riled -				
	resulting in dasth) e	, , , ,	sur	y sicirce	>			
	Die Tojok as a conse	A-H A-A	100	failure	2.100.			
Z	Sequentially list conditions	-	ic n	Lunco a	rocuse			
CERTIFICATION	If any, leading to immediate	OUENCE OF):						1
5	CAUSE (Disease or Injury							
Ē	that initiated events DUE TO (OR AS A CONSE	OUENCE OF):						
E	resulting in death) LAST							
8								
7	PART II. Other algnificant conditions contributing to death but not	reaulting in	tha undarly	ring-ceuse given in i		AN AUTOPS	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL	recent staphylasecal	Rheu	Mo	ua	100	S 2 TUNO		COMPLETION OF CAUSE
		1			_	3 2 19110		OF DEATH?
								1 TES 2 NO
ż								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Che	ck only one)			
š	To the second se		OTHER:	lome 5 🗆 Reeldence	6 Other (Specify)			
Ξ	27. MANNED OF DEATH 280. DATE OF INJURY	28b. TIME	OF 28c.	INJURY AT	28d. DESCRIBE H	W INJURY O	CCURED	
	1 Natural 6 Pending (Month, Day, Year)	INJU		WORK? YES 2 NO				
B	2 Accident Investigation 3 Suicide S Could not be 28e. PLACE OF INJURY — At h	ome form et			28f. LOCATION (St	met and Mumb	ar or Prival f	Dougla Mumber
CI I	3 Suicide 8 Could not be building, etc. (Specify)	ome, rem, en	eet, rectory, c	11100	City or Town, S	tate)	er or nover r	Toure Number,
SOMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	eath occurred	at the time, o	late end place, and due	to the cause(e) end	manner as si	tated.	
N	one) 2 MEDICAL EXAMINER: On the beele of examination end/or	Investigation	, in my opinio	n, death occured at the	time, date end plac	e, end due to	the ceuse(e	e) end manner ee stated.
ď								
뿗)	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER			(Month, Day, Year)
An III				10/565	7		4-16	5-41
7	m. wanelle 1 (at the gor his							/ /
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE		•	1.300	-			
2	_		•	W. 40 46 C	Shoot A	aske		
2	M. DABELLE MACGREGORN). KES		•	40 40 KG S	frest, 6	aetu		,hd21211
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leath	atten	2
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that	ed by	Ame
e law requires that the death certificate be executed within	has been signed by the attending physician and completely fined in by the transal director, page 5 should be detacted for Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury or other traumatic event the medical examines must be coulded at ones
v req	t. of	cho
19	Dep	22

BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremain IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, III.

rete

31. DATE FILEO (Month, Day, Year)
APR 1 5 1991

										21	18660
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I			OF HEAL			IYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Bordinsky			BERDI		2. DATE OF			YEAR	3. TIME OF DEATH
		7					4	4	2	91	4:20 PM. M
-		SEX 6. AGE (in yrs.' lost i		MONTHS E	DAYS HOL	JRS MIN.	7. DATE OF I (Month, De	ly. Year)		6. BIRTH	
	216-32-0854 9a. FACILITY NAME (If not institution, give street	X 1 69	Tho.	9h CITY TI	OWN OR LO	CATION OF DE		25/1		NTY OF D	MARYLAND
œ			l	ou. 0111, 11					Ju. 000		TGOMERY
6	21520 BLUNT RESIDENCE OF DECEDENT	RD.				ANTOWN				PION	
DIRECTOR	MARYLAND 106. COUNTY MC	NTGOMERY	10c. CITY	TOWN OR GEI	LOCATION RMANT	OWN					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
AL	10a. STREET AND NUMBER				101. ZIP	CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
E I	21520 BLUNT RD.					20874				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES	IED D	If y		Cuben, Maxica NO Specify	n, Puerto Rice		or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. #y: WHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elamentary/Secondary (0-12) C	(Give		USUAL OCC rork done dur retired.)	ring most of t	working	16b. KII	ND OF BUS	RE	DUSTRY TAIL	
BE COM	17. FATHER'S NAME (First, Middle, Lest) MICHAEL JEFF				16.	MOTHER'S NA	ME (First, Midd		Surname) NOWN)	
TO B	19a. INFORMANT'S NAME (Type/Print) MRS。 REVA ISEMAN			ADDRESS (S BLUN'		umber or Rural I	Route Number, ANTOWN			874	
	20s_METHOO OF OISPOSITION 1 DBurlel 2 Cremation 3 Removal 4 Department 6 Other (Specify)	from State 20b. PLACE O other place MTKRO	ce)						CATION —		
	21. SIGNATURE OF FUNDINAL SERVICE LICENS		XODE.	22. NA	SOL L	EVINSO	N & BF	ROS.,	INC		
	23, PART I. Enter the disgleses, or com	plicetions that ceused the dee	th. Do n	ot enter th	ha moda o	of dying, auc	h as cardled	or reap	ratory ar		Approximata
	iMMEDIATE CAUSE (Final disease or condition	conly one couse on each line.		1100	+1	Fail	ure				Onset and Death
	reaulting in death) a	Congesti Due to lon As a consecu Arterio Serot	UENCE OF	7:	. 1		<u></u>				4 4
z		Arteriogerof	rè	460	irt	10136	ase				15 yrs
5	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR AS A CONSECU				•					
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	OUE 70 (OR 40 4 COMPTO	HENOE OF					. <u>-</u>			
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	UENCE OF	·j:							İ
CEF	d										
AL	PART ii. Other algnificant conditions c	ontributing to death but not re	suiting i	n the und	erlying ca	uaa given in	Part i. 24	PERFOR		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							1	YES 2	NO NO		OF DEATH?
M							-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (Ch	neck only one)				
SIC		OSPITAL:	□ DOA	OTHER:		Rasidence		inec(fy)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	26b. TIM	T -	8c. INJURY WORK?	, -	26d. DESCR		INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, a	street, factor				ON (Street lown, State)		or Or Rural	Route Number,
COMPLETED	cool only	N: To the best of my knowledge, dea On the basis of examination and/or in									(a) and manner as stated.
	296. SCHATURE AND TITUE OF CERTIFIER				296	c. LICENSE NU	MBER		29d. DA	TE SIONE	D (Month, Day, Year)
TO BE	30-NAME AND ADDRESS OF PERSON WHO C	THE MO	4 27) (hma	Darland).	1)-219	110		•	4/7	191

32. REGISTRAR'S SIGNATURE the Davidson-Randelle

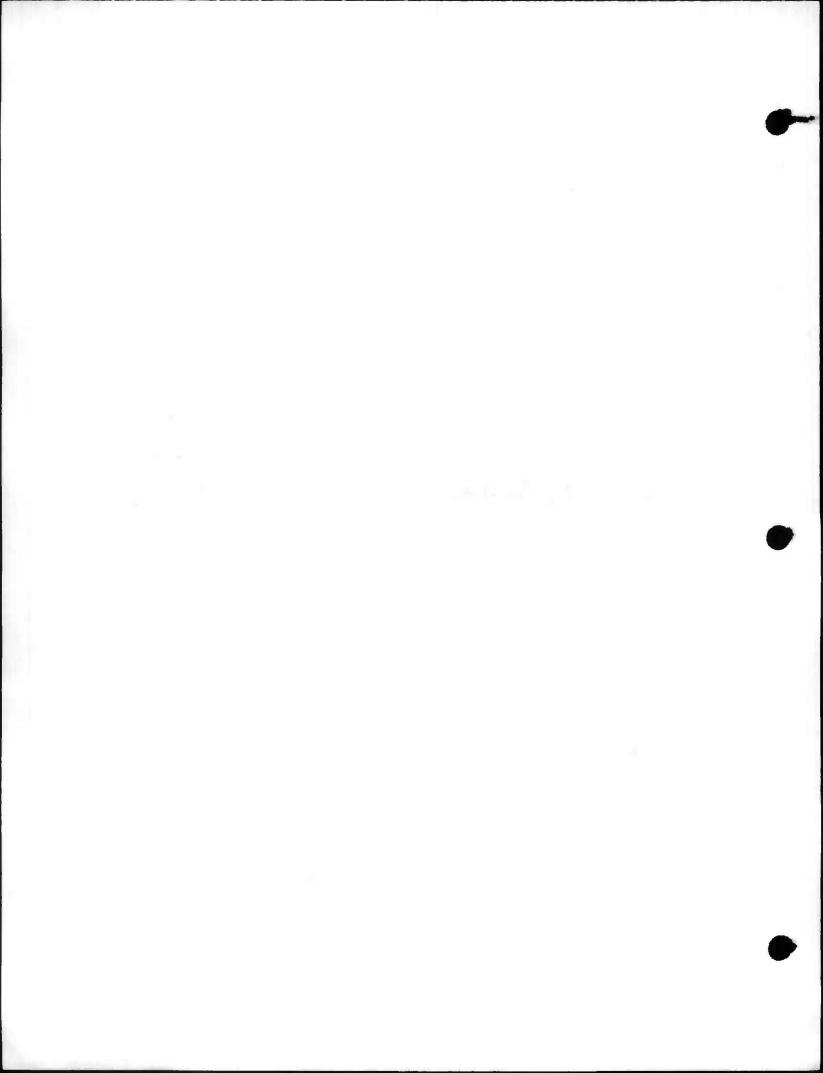
ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
18 B. Sherer MD 3947

md

Wheaton

Dr

Ferrara



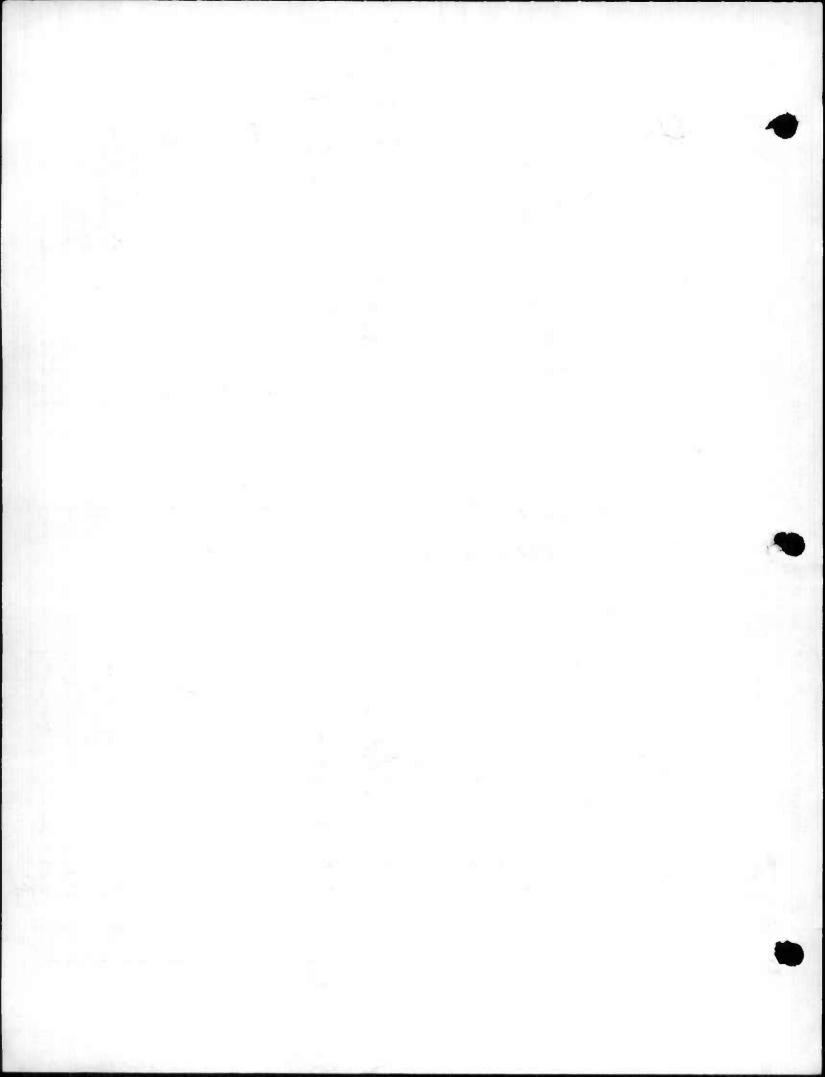
urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 IN DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

31. DATE FILED (Mooth, Day, Your APR 1 5 1991

ages 1, 2, 3 should		
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for use as the burial-transit perm		
setached for use		once.
used in by the funeral director, page 5 should be detached		be notified at
ineral director, pa		aminer must b
fired in by the fi	ion, or removal.	the medical ex
in and completely	to burial, cremat	NT. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
attending physician and compl	rtal Hyglene prior	y, or other trai
e has been signed by the att	Health and Men	ows any injury
intificate has been	he State Dept. or	or item 23 shows any inj
TOR: After this certi	In hours after death with the State Dept. of Health and Me	8 is marked.
IRECT	40	24

BOOK T	nd Middle, Last)	RI	unsa	151			2. DATE OF DEATH			TIME OF DEATH
214-80-047		1200	B. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day Year) 6/9/1910	1	a BIRTHPI	ACE (State or Foreign
9a. FACILITY NAME (# not			80	1	9b. CITY, TOWN (R LOCATION OF I	1		TY OF DEA	
PIKESVILLE	NURSING					KESVILL			BALTI	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TON			1	0d. INSIDE CITY
MARYLAND				BA	LTIMORE				1	VES 2 NO
10e. STREET AND NUMBE			- 1		101	. ZIP CODE		201		AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Di	X Married	AVE., AF 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. AR		If yes, sp		ANIC ORIGIN? (Specify Yea can, Puerto Rican, atc.)		SA 14. RACE Black, 1 Specify:	- American Indian, White, etc. WHITE
(Specify of Elementary/Secondary	CEDENT'S EDUCA nly highest grade co (0-12)		(Gi	ive kind of wo . Do NOT use		st of working	16b. KIND OF BU	AT HO		
17. FATHER'S NAME (First, LEVI FURM];	HOUSEWIE	18. MOTHER'S N	IAME (First, Middle, Malden SADIE KOLE	Surname)		
MR. SAMUEL		1SON	191	b. mailing a 2500 W	DDRESS (Street &	nd Number or Rura DERE AVE	APT . 203	n, State, Zip BAI	Code)	MD 2121
immeDiate Cause (r disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERIC	disesse, or coheert feliure. Liftinal a. Hitiona, hediate ying c.	DUE TO (UND caused the dee on each line	OUENCE OF):	22. NAME AI SC 6010 of enter the mo	REISTER de of dying, au		BALT	C.	
CAUSE (Disease or in that initiated events resulting in deeth) LA	cant conditions		leeth but not r	reaulting in	the underlyin	g ceuse given i	n Part I. 24a. WAS AN PERFO!	AMED?	1 8	VERE AUTOPSY FINDING: WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
that initiated events										
that initiated events resulting in deeth) L		HOSPITAL:	ER/Outpetlant 3		OTHER:	ACE OF DEATH (C	Check only one) 6 Other (Specify)			
PART II. Other significations of the second		HOSPITAL: 1 Inpettent 2 25e. DATE OF, (Morph, Se	NJURY	28b. TIME	OTHER: 4 Winning Hom OF 28c. IN. RY WO	HE 6 Residence URY AT HRK7 YES 2 NO		and Number		ute Number,

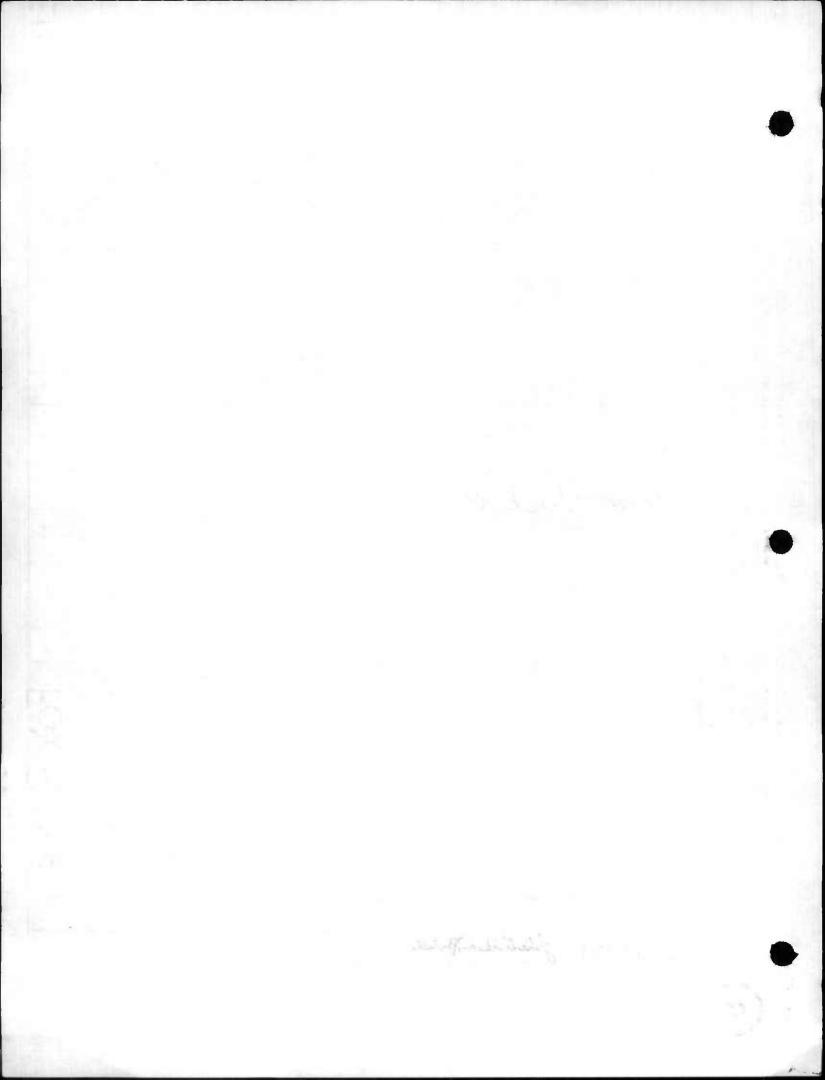
32. REGISTRAR'S SIGNATURE



1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

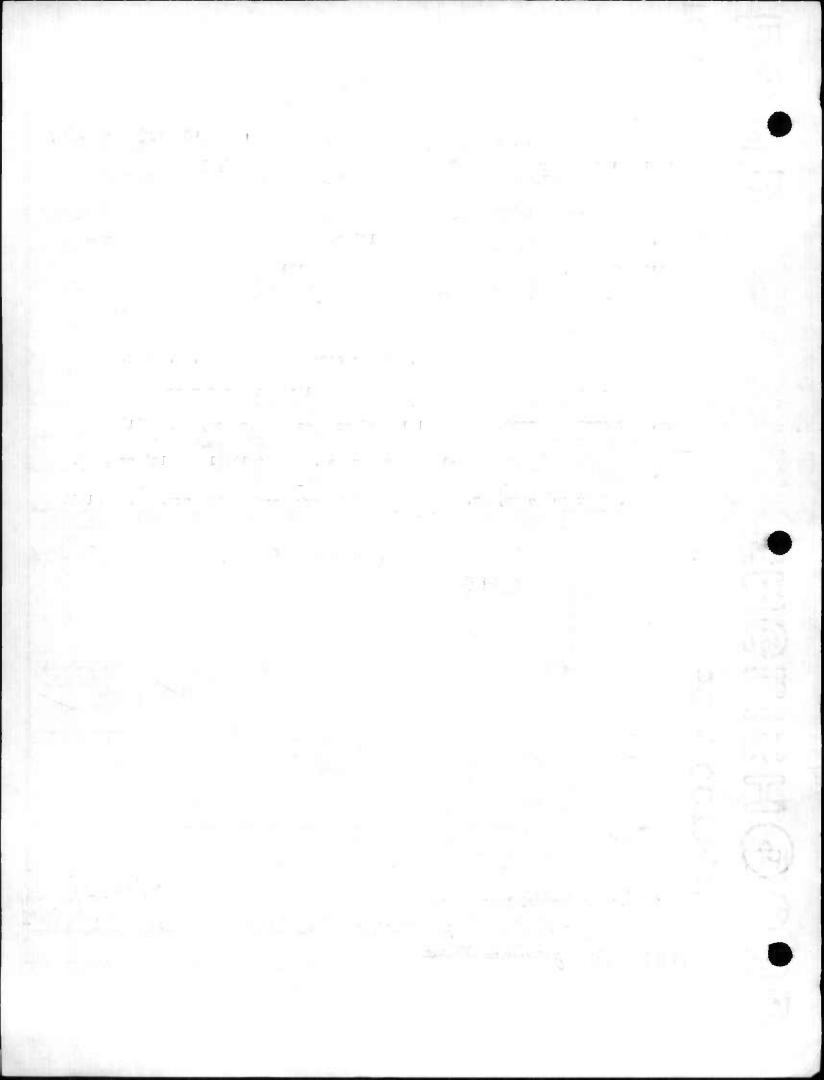
	HEGISTHAN		OLITI	IFICATI		DEATH	н	EG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF 1	DEATH	,	YEAR	5. 20 pm
		CATALFA						1.3			J. J. J. M.
	4. SOCIAL SECURITY NUMBER 217-07-1092	5. SEX 1 1 M 2 F	7.1 YR	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De MARCH	y, Your)	1920	Country)	MD .
	Se. FACILITY NAME (If not institution, give	street and number)		9b, CITY	r. TOWN	OR LOCATION OF DE	ATH		9c. COUR	NTY OF DEA	TH
œ		·				imore Cit					
0	Union Memoria	I HOSPICAL		1	зать.	Imore CIL	· Y				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		La								
2	IOE. STATE	•	100.	CITY, TOWN	UH LUCA	ION				- 1	0d. INSIDE CITY LIMITS?
ā	MD.			В	alti	more				1	U YES 2 □ NO
크	10s. STREET AND NUMBER					, ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
2						0101	0				
FUNERAL	3626 Kenyon	Avenue				2121				U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13.	WAS DEC	ENDENT OF HISPAN ecify Cuban, Mexican	IC ORIGIN? (S	pecify Yea	or No-	14. RACE -	- American Indian, White, etc.
	1 Never Married 2 Married	IF YES, GIVE WA				2 NO Specify		i, arc.)		Specify:	
B	3 Widowed 4 Divorced	WW]	II								WHITE
	15. DECEDENT'S EDU		16a, DECEDEN	IT'S USUAL O	CCUPATI	ON	16b, KIN	D OF BUS	NESS/IND	USTRY	
E	(Specify only highest grad		(Give kind	f of work done OT use retired.)	during me	ost of working	1000				
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)				OKTITUO	GF	ENERA	T MO	PAOT	
7	N/A	N/A	SHIP	ING a	KEC	CEIVING	01	TATTICA	T LIO	TORD	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middl	e, Maiden S	Surname)		
	C armelo Cat	alfamo				Sa	nta Tr	1011			
띪	19a. INFORMANT'S NAME (Type/Print)	allano	105 MAII	INC ADDRES	Q /Ctmant	and Number or Rural R			Chata Tie	Corfol	-
2	New York and the Control of the Cont										
	Barbara Catalfa	mo (wite)				Avenue,		-			
	20a. METHOD OF DISPOSITION 1 文Burlel 2 Cremetton 3 日 Ren	novel from State	20b. PLACE AND 1	DATE OF OISE	POSITION	(Name	OATE	20c. LOC	ATION —	City or Town	n, Stata
- 1	4 Donation 5 Other (Specify)		Garden	of F	aith	Cemeter	V	В	alti	more.	Md.
	21. SIGNATURE OF FUNERAL SERVICE L	OENGEE /) /			ND ADDRESS OF FAC					
	11. 11/11	1	111		SCI	HIMUNEK F	UNERAL	HOM	E IN	С.	
	Norman /	11 EN	EV.		333	31 Brehms	Lane,	Bal	timo	re. M	d. 21213
\neg	23. PART I. Entar the diseases, or	complications thet	caused the death. I	Do not ente	r the me	ode of dving, auct	as cerdiec	or reapir	ratory an	rest.	Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceus	e on each lina.								Intarval Between Onset and Death
	disease or condition reaulting in deeth)	a. OUE TO (SPINA TON	y Dr	str	ess					
-			DR AS A CONSEQUENCE								
EDICAL CERTIFICATION	Sequentially list conditions,	DUE/TO/(OR AS A CONSEQUENC	E OF):							
4	if any, leading to immediate cause, Enter UNDERLYING	600	4 + 0	/	1 0	7.6.41					
유	CAUSE (Disease or injury	C. DUE TO	DAS A CONSECUENC	rces	par	opera	-				+
Ē	that initiated events resulting in death) LAST	11	BATIC E	- 01		, , 0					
E		d	go cardi	al 1	-17	retton					
0	PART II. Other aignificant condition	ne contributing to A	leath hut not requit	ing in the u	nderlyle	a course ships in	David I 24	. WAS AN	ALETTORICY	I nan s	WERE AUTOPSY FINDINGS
₹	0 - 1		eath out not readit	ing in the u	Hoerlyll	ig cause given in	Part I. 24	PERFOR		- 1	MAILABLE PRIOR TO
8			tuoin				11	TES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
	Carryla	etura 1	ling Ola	f.							T YES 2 DINO
Σ		//		~~			_				
A I	25. WAS CASE REFERRED TO MEDICAL	0									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (Ch	eck only one)				
छ ।	1 YES 2 NO	1 Inpatient 2 -	ER/Outpetient 3 - DO			ne 5 🗆 Residence	6 Other (Sp	pectfy)			
=	27. MANNER OF DEATH	28a. DATE OF I	NJURY 28b	TIME OF		JURY AT	28d. DEŞCRI	BE HOW IP	JURY OC	CURED	-
2	1 Natural 5 Pending	(Month, Den	i, rear)	INJURY		ORK? YES 2 NO					
₽	2 Accident Investigation		INJURY — At home, fa	orn street for			28f. LOCATIO	M (Charat a	and Alexandra	an Ound On	and Albertan
	3 Suicide 8 Could not be	building, e	tc. (Specify)	irin, street, isk	ctory, oth	•		own, State)	na rumoe	r or Hunai Ho	ure Number,
E	- I Homelas Getermine										
ا چ	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the bast of n	ny knowledge, death oc	curred at the	time, dat	e and place, and due	to the cause(e) and man	ner es ste	ted.	
Σ	(Check only one) 2 MEDICAL EXAMIN										and manner se stated
COMPLETED					opunon		time, data and	piace, ain	000 10 1		and marker as stared.
H	29b. SIGNATURE AND TITLE OF CERTIFIE	ER				29c. LICENSE NUR	ABER		29d. DAT	E SIGNEO	Month, Day, Year)
	VMaruhan	2- att. >	06000)						4/1.	2/01
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSI	E OF DEATH (ITEM 27)	(Type, Print)						-/10	411
	16.	C FIL	1 11		TT						
	31. DATE FILED (Month, Day, Year)	100	h elbergi	4	Unl	on Memor	ial 2	OT O	nive	rsity	Pkwy.
		32. REGISTRAN	and Be								
- 1	ΔPR 1 5 1991	1 - wo waster									





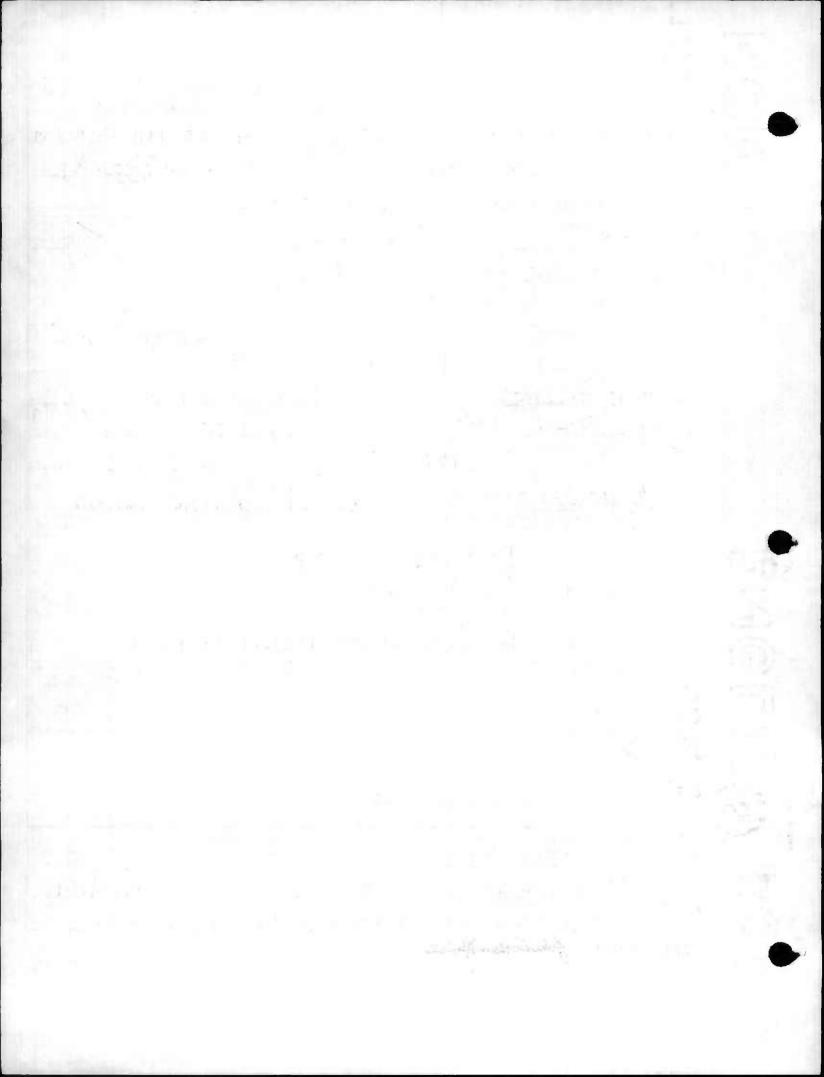
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DNISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE WORK TO THE PROPERTY OF THE Law requires that the death certificate be executed within 24 four safer death. Page 6 may be retained by the hospital or attending physician.	TO THE WIERAL DIFFERENCE After this certificate has been signed by the attending physician and completely filled in by	be file: where the price is the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLÉTED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE BEG. NO.		504
1. DECEDENT'S NAME (First, Middle, La					2. DATE OF MONTH		1441	3. TIME OF DEATH 2:05 PM
4. SOCIAL SECURITY NUMBER 217 14 2130 9a. FACILITY NAME (If not institution, given	1) M 2 D F	7 YRS. MO	UNDER 1 YEAR NTHS DAYS D. CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF (Month, D May 8	віятн пу. 16аг) , 1893	8. BIRTI Cour	MD DEATH
RESIDENCE SW DECEMENT 10a. STATE 10b. COU Md a 10c. STREET AND NUMBER 2110 Lake Ave 11. MARITAL STATUS 1 Never Married 2 X Married		11.00	OWN OR LOCAT		Y			10d. INSIDE CITY LIMITS?
Md. 100. STREET AND NUMBER 2110 Lake Ave	•		altimor	zip code 21218		100		1 🖾 YES 2 🗌 NO WHAT COUNTRY? S A
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	XXNO	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexica 2 -NO Specify	n, Puerto Rica		Bla Spe	CE — American Indian, ck, White, etc. city: 1 Te
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USI Give kind of work life. Do NOT use re Supt. Ma:	done during mos etired.)	t of working	16b. KI	U. S	• Govt	
17. FATHER'S NAME (First, Middle, Last) John Cassid	у			18. MOTHER'S NA Elizabe				
Mrs. Margaret		1612	Jeffers		Tows	on, Md	. 21	204
20a. METHOD OF DISPOSITION Commetted	amoval from State	b. PLACE AND DATE OF COMPETARY, CREMBIONY OF COLOR RECEIVED	mber Ce		DEFELD	P1 B	INC.	re, Md.
23. PART I. Enter the diseases, shock, or heert fellu immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. Bila- DUE TO (OR AS DUE TO (OR AS	ech fine.		de of dying, suc		c or reapireto	ry arrest,	Approximate Interval Between Onset and Death 5 days
PART II. Other aignificant conditions of the condition of	dtlons contributing to deeth	but not resulting in t	the underlying	j ceuse given in		ta. WAS AN AUT PERFORMED	7	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	Ιο	26. PL	ACE OF OEATH (Ch	eck only one)			
1 VES 2 PAO 27. MANNER OF DEATH Netural 5 Pending Investigati	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	URY AT RK? 'ES 2 NO		Specify) RIBE HOW INJUI	RY OCCURED	
3 Suicide 8 Could not 4 Homicide detarmine	building, etc. (Sp.	Y — At home, farm, stre	et, factory, offic			ON (Street and i Town, State)	Number or Run	il Route Number,
Constant only	HYSICIAN: To the best of my know							e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	M.D.			29c. LICENSE NU	MBER	29	d. DATE SIGN	ED (Morith, Day, Year)
HMAD HAT	M.D. Uni	on Memo	rial t	bap. 20	1E.V	niv, Pk	my, B	alt, MD 2/21
APR 1 5 1991	gue a Davidson-A							



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DIVISION OF	9	E.	Beath	
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	TO THE HOSPITAL	TO THE FUNERAL DI	within	The same of the same of the same
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	-	1		

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	896978985				
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH				
	CELESTINA BEATRICE CHASE	4 13	1991 12-10 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. liest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 4. SOCIAL SECURITY NUMBER 1	7. DATE OF BIRTH (Month, Day, Year) 69 14 19	8. BIFTTHPLACE (Steep of Fpreign				
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OF LOCATION OF UMCC-UUW, OFMD CAUCERCENTUR. Saltin	DEATH	9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 106. COUNTY 107. TOWN OR LOCATION 107. Limbel		10d. INSIDE CITY LIMITS? 1 VES 2 \(\text{NO} \)				
	100. STREET AND NUMBER 101. ZIP CODE 2 2 2 2 2	\	10g. CITIZEN OF WHAT COUNTRY?				
Y FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF MISS 14. WAS DECEDENT OF MISS 15. WAS DECEDENT OF MISS 16. YES 2 WAS DECEDENT OF MISS 16. YES 2 NO Spi 17. YES 2 NO Spi 18. YES 2 NO Spi 18. YES 2 NO Spi	Ican, Puerto Rican, etc.)	or No.— 14. RACE — American Indian, Black, White, stc. Speck*)				
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	166 KIND OF BUSH	NESS/INDUSTRY PUBLIC				
COMPLET	Elementary/Secondary (0-12) 5 College (1-4 or 5+) TEACHER TEACHER	Schools	.				
BE CO	Lester 4. Jones I MAR	NAME (First, Middle, Melden Si	man)				
2	MARY CORMAN JONES 196 MAILING ADDRESS (Street and Augster or Par	DE RO.	Store WATE MORE, MC				
	20a, METHOD DF DISPOSITION 1 Duriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify)	DATE BA	HIMORE, MA				
3	21. SIGNATURE OF FUNERAL SERVICE LICENSITY 22. MANIE AND ADDRESS OF 22. MANIE AND ADDRESS OF	TON A	7. HUMA E 21229				
	23. PART I. Enjer the diseases, or complications that caused the death. Do not enter the mode of dying, a shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finsi	uch as cardiac or respire	atory arrest, Approximate Interval Between Onset and Deat				
	resulting in deeth) a. Tulmanan hate Due to (or as a consciounce of):						
CATION	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OP):						
To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in death) LAST To pay the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part I. 24a, was an autopsy the condition resulting in the underlying cause given in Part II							
CERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST CAUSE (Disease or Injury that Initiated events resulting in death) LAST CAUSE (Disease or Injury that Initiated events are consequence or Injury that Initiated events are consequence or Injury that Initiated events resulting in death) LAST CAUSE (Disease or Injury that Initiated events are consequence or Injury that Injury that Injury that Injury that Injury that Injury that Injury that Injury that Injury that Injury that Injury th						
4	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given	In Part I. 24s. WAS AN A PERFORM	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE				
: MEDIC			OF DEATH?				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	Number of the last					
PHYSICI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residen 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	JURY OCCURED					
BY P	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation						
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28f. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,				
COMPL	29s. CERTIFIER (Check only 2						
8	296. SIGNATURE AND TITLE OF CERTIFIER DT. V. S. Gharpure MD	NUMBER	29d. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) UNIV. of Mayland Qual Coult 22 Sim Great S	heat Baltin	nore 21201				
	31. DATE FILED (MORITH, Day, Year) APR 1 5 1991 Sundon Andele						



BALTIMORE, MARYLAND 21215-0020	retained by the hospital or attending physician.
BALTIMORE,	urs after death. Page 6 may be
	な記
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 44 incurs after death, Page 6 may be retained by the hospital or attending physician.
DIVISION OF VITA	ENTAL DR ATTENDING PHYSICIAN: The

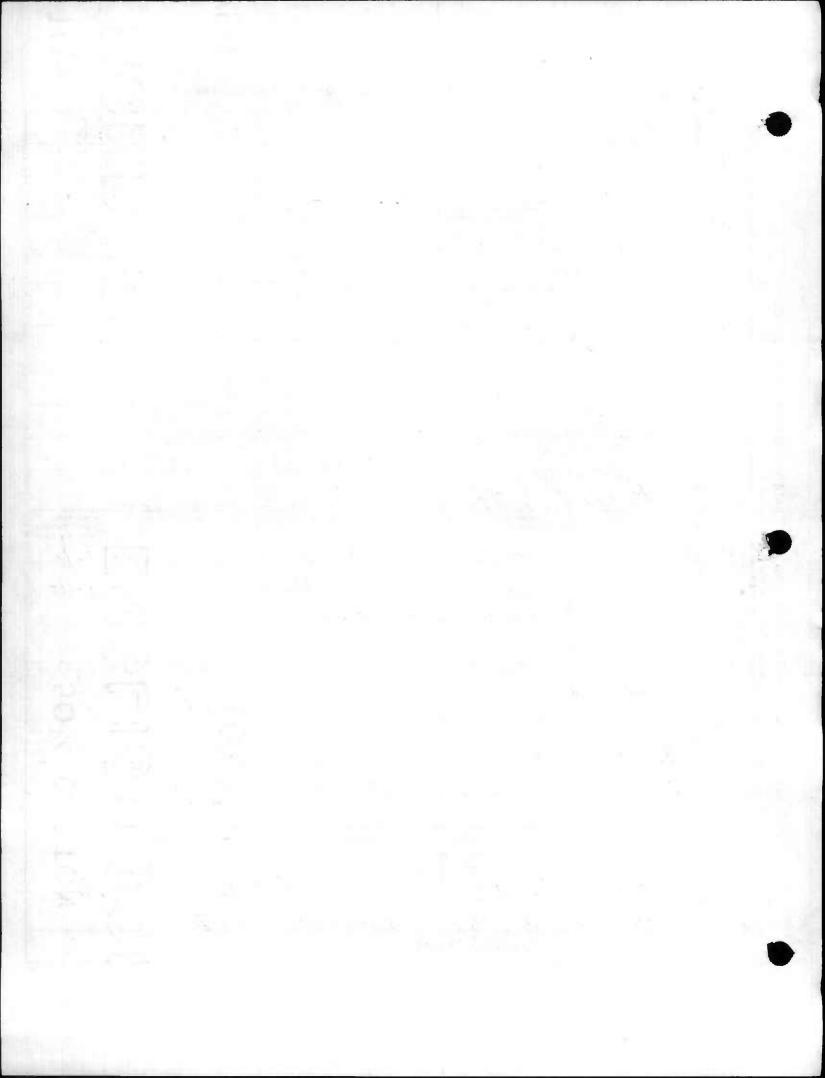
of the Full-RAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	REGISTRAN		OLITIII	IVAIL	JI DEA		HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) BLANCHE KATHERINE COPELAND					2. DATE OF DEATH DAY 7,1991 3. TIME OF GEATH 7:40pm					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A 2 3 2 − 2 8 − 7 9 5 1 1 □ M 2 🖾 F		NGE (In yrs. lest birthday) IF UNDE 8 2 YRS. MONTHS		EAR IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH (Morth, Day, Ybar) Dec 24 1	908	6. BIRTHPLACE (State or Foreign Country)		
		of acceptant						FATM			
~ I	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF										
ö	DOCTORS' COMMUNITY HOSPITAL OF P.G. LANHAM-SEABROOK PRINCE GEORGE'S CO.										
5	RESIDENCE OF DECEDENT										
DIRECTOR	MD Prince George"sCo Temple Hills									10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
BY FUNERAL								S.A.	VHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						in, Puerto Rican, etc.)	es or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
0	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL OCCL	IPATION		16b, KINO OF BUS	SINESS/INI	DUSTRY		
COMPLETED	(Specify only highest grade comple	rted)		work done duri	ng most of work	ing					
ا 5	Elementary/Secondary (0-12) Coll	ege (1-4 or 5+)	Homem				Sel	f			
9	0		пошеш	laker			Je i	LI			
5	17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S NA	ME (First, Middle, Malden	Sumame)			
0	Asa	Hott			L	ula	Marie N	Neali	S		
BE	19e. INFORMANT'S NAME (Type/Print)		404 4441 1110	ADDRESS **			Route Number, City or Tow				
2											
	Elwood C. Copeland,	Jr.	P.O.	Box 5	334 C	resa	otown, MD	2150	12		
	20ac METHOD OF CISPOSITION 11-15 Burlet 2 Cremetton 3 Removal fr 4 Donation 5 Other (Specify)	om State	206. PLACE AND DAT of cemetary, crematory Headsvill	or other plac	9)	4/10	1	cation – adsvi			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI		1100001111		ME ANO ADDR						
Rotruck Funeral Home 85 S. MAin St Keyser, WV 26726						26					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Covaravy Insuffice.										
CERTIFICATION	resulting in death) a	DUE TO (OR A	AS A CONSEQUENCE O	11	art 1	1	RSC.			Vears	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	DART II ON THE INC.						near Language		Lau	b. WERE AUTOPSY FINDINGS	
MEDICAL	Enghesema 10					Part I. 24a. WAS AN PERFOI	RMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
<	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (C	heck only one)				
8	EXAMINER?	SPITAL:	Outsellent 2 - DOA	OTHER:		D14	e [] (the e (f) = -16.)				
PHYSICIAN:	1 Netural 5 Pending Part 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Manual Street S										
D BY	2 Accident trivestigation 3 Suicide 6 Could not be building, etc. (Specify)				M 1 YES 2 NO street, factory, office 281. LOCATIC City or R			ION (Street end Number or Rural Route Number, Town, State)			
LETE	- Indiniciae asterminea	4 Homicide determined									
IPLE	Check only	(Check only Chec									
COMP	MEDICAL EXAMINER: On	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MINISTER) 29d. DATE SIGNED (MI										
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE, OF DEATH (ITEM 27) (Typo, Print) 440 8 East - West Hish. Riveragle Md. 20738										
	APR 1 5 1991	22. REGISTRAR'S:	SIGNATURE								



Pages 1, 2, 3 should

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28 Item

IMPORTANT: II

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

1991

620 31. DATE FILED (Month, Day, Year)

PR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (Type, Print)

32 REGISTRAR'S SIGNATURE

Davidser's

After this certificate I death with the State

FUNERAL DIRECTOR: within 72 hours after

新田田 23

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20,	within
1 287	executed
	2
	certificate
7	death
ő	the
Y C	that
KEC	requires
3	AW.
4	The
2 70	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	Tall OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mou
5	OB
	TA

91 09987 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH
MONTH
April 10,1991 1. DECEDENT'S NAME (First, Middle, Last) Jennie Jane Coard 4:30a.m. 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS MIN. 81 212-07-0974 1 M 2 X F YRS. January 27,1910 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Home Randallstown Baltimore County RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3907 North Rogers Avenue 21207 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 2 X NO 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced Caucasian ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compa Elementary/Secondary (0-12) College (1-4 or 8+) COMPL 11th.Grade Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) George R. Smith Shoe BE Senora 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret L. Coard 3907 North Rogers Avenue Baltimore, MD 21207 20b. PLACE AND DATE OF OISPOSITION (Name 20c. LOCATION — City or Town, State OATE Lorraine Park Cemetery 4/12/91 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, INC. 8728 Liberty RD. Randallstown, MD 21133-4784 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** Interval Between ahock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Fine) 6 disease or condition C reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAJLABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home a | Residence a | Other (Specify) 1 | YES 2 | NO ent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, otilice building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1- CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

DHMH-18 Rev 1/89

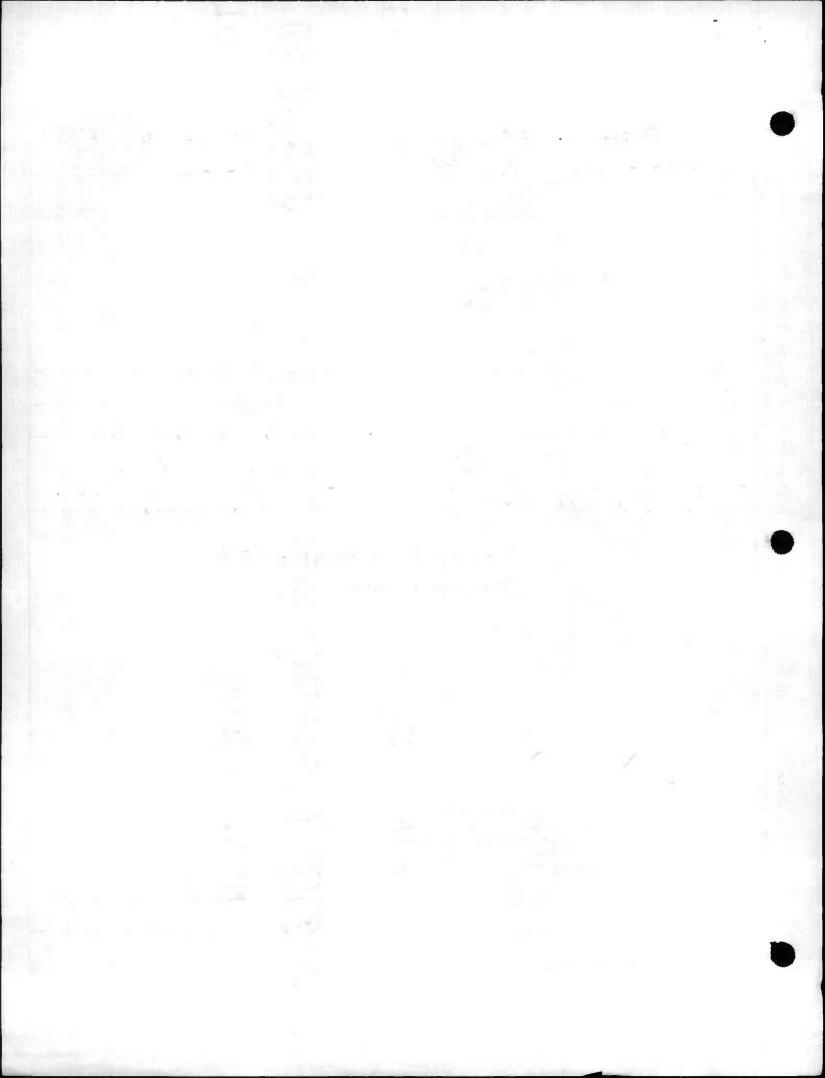
29d. DATE SIGNED (Month, Day, Year,

BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hooping or property hysician. filled in by the funeral director, page 5 should be described by the second of the second by the funeral since the second of the s	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 mounts and executionate by the attending physician and completely filled in by the funeral director, page 5 mounts after death with the State Denr. of Health and Mental Hoteles prior to build, committion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA		1 09988
_	REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
1	MONT		3. TIME OF OEATH
	MONTHS DAYS HOURS MIN. (Month)	th, Day, Year)	BIRTHPLACE (State or Foreign Country) Kentucku
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNT	Y OF DEATH
FUNERAL DIRECTOR	Francis Scott Key Medical Center Baltimore City		
<u>ا</u> ي	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY LIMITS?
ā	Maryland Baltimore		1 THE THE NO
A	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZE	N OF WNAT COUNTRY?
E	7313 Stratton Way 21224	USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGINAL STATUS		I. RACE American Indian, Black, White, etc.
B	1 Never Married 2 Married 1 Never Married 2 Married 1 Yes 2 NO If yes, specify Cuban, Maxican, Puario 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO Specify:	Hidan, etc.)	specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	b. KIND OF BUSINESS/INDU	
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+) Ilie. Do NOT use retired.)		
COMPLETED	7th Grade Cafeteria Worker	Baltimore	Citu
Ö	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First,	Middle, Maiden Sumame)	
BE	Henry Trent Allie Ki	ina	
D 6	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Num	nber, City or Town, State, Zip C	ode)
F	Corine Carr 535 S. 47th Street. Ba	Utimore. MD	21224
	1 27 Burlel 2 Gremation 3 Removal from State of cemetary, crematory or other place) 4 Document of Communication of Communica	5 Baltim	ore, MD
	Duda-Ruck Funera 7922 Wise Avenue	l Home of Di	undalk, Inc.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as car	rdiac or reapiratory arre	it, Approximate
	shock, or heart failure. List Dniy ona cause on each line. IMMEDIATE CAUSE (Final		Interval Between Onset and Death
	disease or condition Coronary Arten Piscase - V To	ach	
	disease or condition		
z	Drabetes Mellitus		
CERTIFICATION	Sequentially list conditions, our TO (OR AS A CONSEQUENCE OF):		
3	cause, Enter UNDERLYING CAUSE (Disease or injury		
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):		
FH	resulting in death) LAST		
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.	24. WAS AN AUTORSY	24b. WERE AUTOPSY FINDINGS
MEDICAL		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā		1 YES 2 NO	OF DEATH?
Σ		-	1 TYES 2 NO
N			
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINER? AND SPITAL: OTHER:	one)	
ΙXS	1 VES 2 NO 1 Topetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Oth 27. MANNER OF DEATH 286. DATE OF INJURY 286. DATE OF INJURY AT 286. DE		
	(Month, Day, Year) INJURY WORK?	EȘCRIBE HOW INJURY OCCI	PRED
BY	2 Accident Investigation		
9		CATION (Street and Number of y or Town, State)	r Hurai Houte Number,
COMPLET	29s. CERTIFIER	and a retronation with	
MP	(Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the careful one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data		
00			
BE	296. SIONATURE AND TITLE OF CERTIFIER	29d. DATE	SIGNED (Month, Day, Year)
TO	XULW VICENTY 10597		4/12/2/
-	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)		1 / /

32. REGISTRAR'S SIGNATURE



42		
page		
director,		
Tuneral		
y the	moval.	
0	E.	
0	0	
R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a	er death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	** ** **
000	e,	
and	pnq .	
SICIAN	prior to	
nd Bulbu	Hygiene	**
atte	enta	
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Signed	Health	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

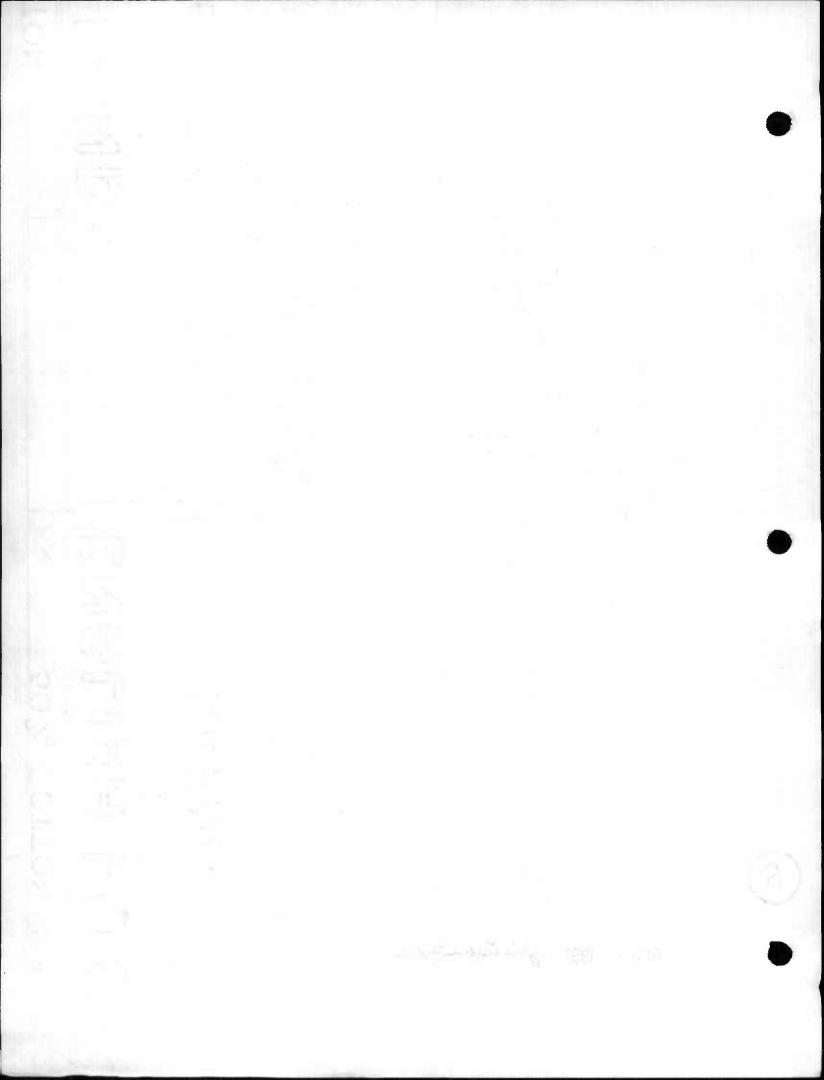
CARLOS E. ARAMOAM. D. 3807

31. DATE FILEO (Morith, Day, Year)

APR 15 1991

June Davidson—Randelle

	1 - STATE OF MARYLAND						,, 05503
	REGISTRAR	EKITE	CATE OF	DEATH	REG. NO).	
	1. OECEDENT'S NAME (First, Middle, Last) GEORGE R. DESHESKY				2. DATE OF DEATH	1 12 9	914 5:30 PM M
9	4. SOCIAL SECURITY NUMBER 117-22-6803 S. SEX 6. AGE (In year.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 3/6/29		8. BIRTHPLACE (State or Foreign Country) PENNA.
N.	9a. FACILITY NAME (If not institution, give street and number) 5180 WRIGHT AVE.			RE CITY	ATH	9c. COUN	TY OF DEATH
5	RESIDENCE OF DECEDENT						
DIRECTOR	MD .	10c. CITY,	BALT		ITY		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5180 WRIGHT AVE.		101.	21205		10g. CITIZ	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		If yes, spe		IC ORIGIN? (Specify You, Puerto Rican, etc.)	es or No-	14. RACE — American Indian, Black, White, atc. Specify: WHITE
0	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S (JSUAL OCCUPATIO	N	16b. KIND OF B	JSINESS/INDL	USTRY
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 + [(Give kind of wo life. Do NOT use	ork done during mos retired.)	it of worlding			
굽	N/A	CRANE	OPERATO	R	A.M.	G. RES	SOURCES
COMPLETED	17. FATHER'S NAME (First, Middle, Last) GEORGE E. DESHESKY				ME (First, Middle, Maide NA DIDICK		
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street as	nd Number or Burel F	Route Number, City or To	wn State Zin	Code)
2	MRS MARY A. DESHESKY (WIFE)	5108	WRIGHT	AVE BALT	IMORE, MA	RYLANI	D 21205
		ON°CEMI	of disposition	(Name	17/91 WE	CATHERI	LY , PENNA.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	٨	22. NAME AN	MADORESS OF FAC	UNERAL HO	ME INC	C.
	Eugene Lastre	sh			LANE BALT		
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each if immediate CAUSE (Finel disease or condition resulting in death) DUE 10 (OR AS A COMMITTEE CAUSE)	int. de el	infa	de of dying, such		piretory srr	Approximats interval Between Onset and Death
NOI	Sequentielly list conditions, if sny, leading to immediate	SEQUENCE OF	nsia	_			years.
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSTITUTE OF THE CONSTITUTE OF THE CONSTITUTE OF THE CONSTITUTE OF THE CONSTITUTE OF THE CONSTITUTE OF THE CONSTITUTE OF THE CONST	SEQUENCE OF):				
ERT	resulting in death) LAST						
MEDICAL	PART II. Other aignificant conditions contributing to death but no	at resulting in	n the underlying	g cause given in	Part I. 24a. WAS A PERFO	IN AUTOPSY DRMEO? 2 40	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF GEATH (Ch	eck only one)		
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient	3 🗆 004	OTHER:		6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME	OF 28c, INJ URY WO		28d. DESCRIBE HOW	INJURY OCC	CURED
red BY	2 Acoldent Investigation 3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, e			281. LOCATION (Stree City or Town, Sta		or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and						
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	/1	1./)	29c. LICENSE NUI			E SIGNED (Month, Day, Year)



YEAR

Md.

91

3. TIME OF DEATH

> Approximata Interval Between Onset and Death

8. BIRTHPLACE (State or Foreign Country)

5 A.M.H

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year) 1-29-10

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last,

Tle

4. SOCIAL SECURITY NUMBER

5-07-6901

218

1 0 M 2 F

5. SEX

00

6. AGE (In yrs. lest birthday)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

			ive street end number)			DD. OIT 1, 10	OWN OR LOCATION OF E			9c. COUNTY	OF DEATH
CTOR			ursing Home			Cato	nsville			Balt	imore Co.
DIRECT	RESIDENCE OF 10e, STATE	10b. CO				TOWN OR					10d. INSIDE CITY
	10e. STREET AND NU	IMBER	/A		Bal	timor	101. ZIP CODE			10g. CITIZEN	1 YES 2 NO
FUNERAL			St Balt			Λ	21223				S. A.
В	11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 K Merried	12. WAS DECEDENT FORCES? 1 _ IF YES, GIVE WAS	YES 2 N		If y	S DECENDENT OF HISPA ea, specify Cuban, Mexk YES 2 NO Speci	an, Puerto		or No— 14.	Black, White, atc. Specify: White
ETED	(Spec	5. DECEDENT'S city only highest of	EDUCATION rade completed)	(Gi	CEDENT'S U	ork done duri	UPATION ing most of working	16	b. KIND OF BUS	SINESS/INDUS	TRY
PE	Elementary/Secon	dary (0-12)	College (1-4 or 5+)		rushm			I F	ittehu	rgh Pl	ate Glass C
COMPL	17. FATHER'S NAME (First, Middle, Lest	11/22	1	2.00241	COME O J.	18. MOTHER'S N	-			
ш	John G	ilbert					Ţ	INKNO	VIW		
TO B	19e. INFORMANT'S N	AME (Type/Print)		198	b. MAILING A	ADDRESS (S	Street and Number or Rura	Route Nur	nber, City or Town	n, State, Zip Co	ode)
	Carey A.						kland St.		imore,	Md. 2	21223
	20e. METHOD OF DIS 1 M Burlat 2 Cn 4 Donation 8 C	emation 3 🗆	Removal from State	other ple	ece)		of cemetery, cremetory or				y or Town, State
	21. SIGNATURE OF FL		E LICENSEE	Garri	son r	22. NA	Veterans	ACILITY		WINgs	milis, Ma.
	▶ G. T	ruman	Schwab				12 Freder				
	ahock IMMEDIATE CAUS disease or condit resulting in death	, or heert falk E (Finel ion	or complications that care. List only one cause a. Due to go	e on sech ilne	PLES	p. C	great	ch as ce	rdiac or respi	iratory arrest	t, Approximate Interval Bett Onset and E
CERTIFICATION	ahock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death	conditions, immediate beautiful in in in in in in in in in in in in in	a. Due to to	OR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSE	PLES DUENCE ON DUENCE OF	p. C	sipsis dis	i as	e A	Ibd. A	Interval Bets
CERTIFI	ahock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death	conditions, immediate beautiful in in in in in in in in in in in in in	a. Due to (c	OR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSE	PLES DUENCE ON DUENCE OF	p. C	sipsis dis	i as	24s. WAS AN PERFOR	AUTOPSY MAED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL
MEDICAL CERTIFI	ahook IMMEDIATE CAUS disease or condit resulting in death Sequentially list of any, leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death PART II. Other sig	conditions, immediate ERLYING or injury sta	DUE TO ICE	OR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSE	PLES DUENCE ON DUENCE OF	p. C	sipsis dis	i as	24a. WAS AN PERFOR	AUTOPSY MAED?	Interval Bets Onset and E 24b. WERE AUTOPSY FIND MALABLE PRIOR TO COMPLETION OF CAL
SICIAN: MEDICAL CERTIFI	ahock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death	econditions, immediate EFLYING or injury sta	DUE TO ICE	e on sech line Alco PAR A CONSECT	DUENCE OF	P. C	Supsiss Supsis	Part I.	24a, WAS AN PERFOR	AUTOPSY MAED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL
PHYSICIAN: MEDICAL CERTIFI	ahook IMMEDIATE CAUS disease or condit resulting in death Sequentially list of any, leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death PART II. Other sig 25. WAS CASE REFER EXAMINER? 1 YES 2	econditions, immediate ERLYING or injury sta	DUE TO (C) A DUE TO (C) BUE TO (C) BUE TO (C) A DUE TO (C) BUE TO (C) A DUE TO (C) BUE TO (C)	DR AS A CONSECUTION OF AS	DUENCE OF	OTHER:	Arrist Sipsis Clis Inly Orlying couse given	Part I.	24a, WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FING AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list of family leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death PART II. Other aig 25. WAS CASE REFEREXAMINER? 1 YES 2	conditiona, Immediate SERLYING or Injury Italian Conditional Condi	DUE TO (C) BUE TO (C) BUE TO (C) DUE TO	DR AS A CONSECUTION OF AS	DUENCE OF DUENCE OF DUENCE OF DOAD	THE RICHARD	Supsist Sup	Part I.	24s. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	24b. WERE AUTOPSY FING AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL CERTIFI	ahock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of any, leading to cause. Enter UND CAUSE (Disease of that initiated ever resulting in death PART II. Other aig 25. WAS CASE REFER EXAMINER? 1 YES 2 27. MANNER OF DEAT 1 Natural 2 Accident 3 Suicide 4 Homleide 29a. CERTIFIER (Check only	conditions, immediate per line in in in in in in in in in in in in in	DUE TO (C) B. DUE TO (C) DUE	e on sech line Alco As a consecutive a	DUENCE OF) DOUGHCE OF) Tresuiting ir DOA 26b. Time inju	OTHER: 4 E Nursin OF 20 RRY M treat, factory	Supposed Sup	Part I. S Ott	24s. WAS AN PERFOR 1 YES 2 CATION (Street e y or Town, State) Buse(e) end mer	AUTOPSY MED? NO NJURY OCCUR and Number or	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO

32. RECOSTRAR'S SIGNATURE

APR 1 5 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYE

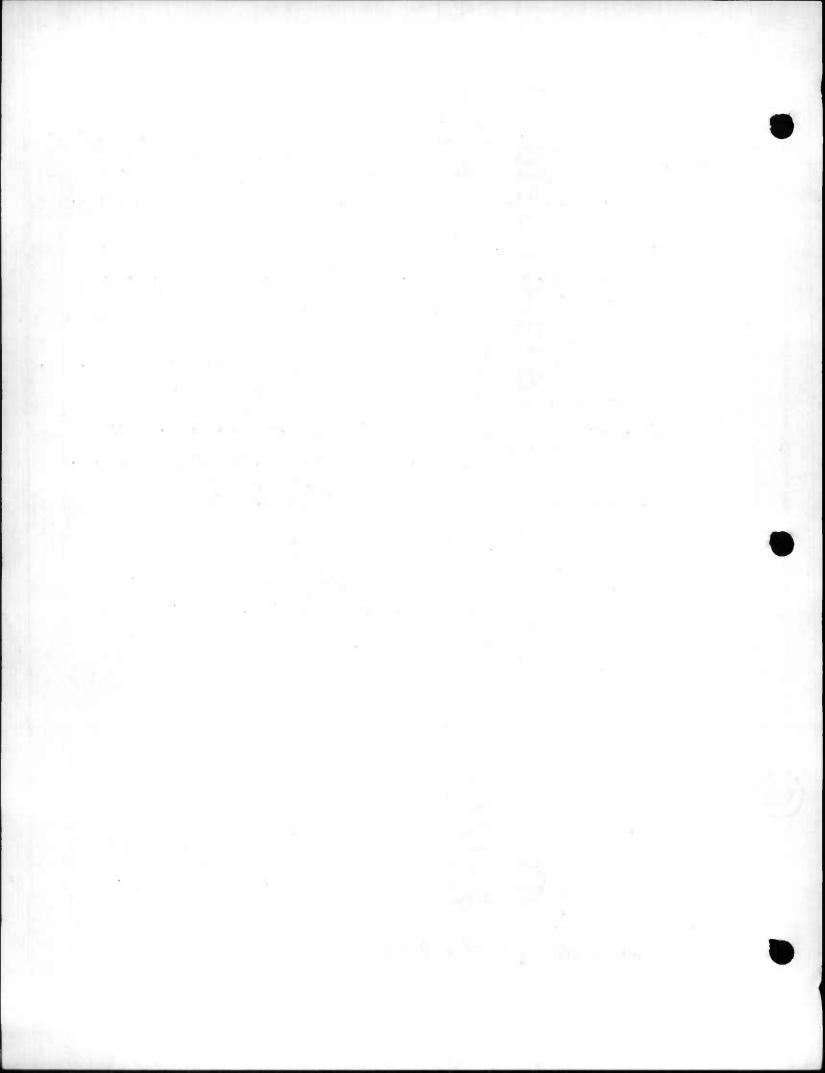
HOURS

MIN.

MONTHS

YRS.

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMORE, MARTILAND 21203-3140	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the viours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Deptr. of heath and mental hygiene prior to be filed within 72 hours after death with the State Deptr. of heath and mental hygiene prior to be filed within 72 hours after death with the State Deptr. of heath and mental hygiene prior to be filed within 72 hours after death with the State Deptr. of heath and heath after the filed within 12 hours after death with the State Deptr. of heath and heath after the filed within 12 hours after death with the State Deptr. of heath after the filed within 12 hours after death with the State Deptr. of heath after the filed within 12 hours after death with the State Deptr. of heath after the filed within 12 hours after death with the State Deptr. of heath after the filed within 12 hours after the filed	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE	TO THE	be filed	IMPO	

APR

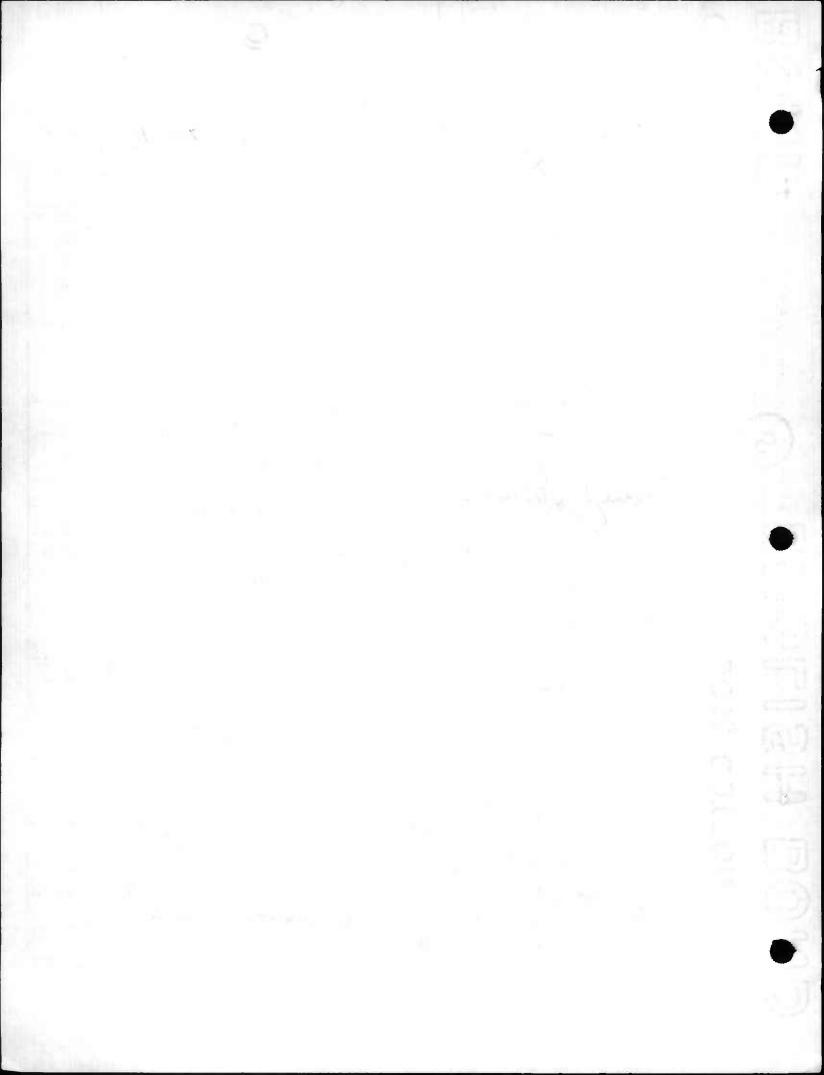
1 5 1991

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART		F HEALTH AND N	MENTAL HYGIEN	9	1 09991
1	1. DECEDENT'S NAME (First, Middle, Last)	DEARING	indell L. I	Dearin	ng Sr.	2. DATE OF DEATH DA	2 97	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 231-24-8074	5. SEX 8./A		IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	- a C	RTHPLACE (State or Foreign buntry)
E .	JOSEDH R	ichey	tospice	Bo CITY, TO	WN OR LOCATION OF DE	4. 4	9c/COUNTY C	
DIMECTOR	10a. STATE 10b. COUNT Maryland ===	TY		town or Li				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 4212 Curtis AV	renue) Dai	CIROL	10f. ZIP CODE 21226		U.S.	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 V IF YES, GIVE WAR O World Way	YES 2 NO OR DATES	If yes	DECENDENT OF NISPAN s, specify Cuban, Mexicar YES 2 NO Specify	n, Puerto Rican, etc.)		IACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a, OECEOENT'S U (Give kind of wo life, Do NOT use	ork done durin retired.)	g most of working	16b. KIND OF BU		TY .
OMP	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Electri	cal M		Genera ME (First, Middle, Maiden	1 Elect	cric
N C		harles Dear				Olive Ber		
2	190. INFORMANT'S NAME (Type/Print) Joretta Dearing				reet end Number or Rural F S Avenue	Baltimore		
	20a. METNOD OF OISPOSITION 1 Burial 2 Cremetion 3 Re	moval from State	20b. PLACE OF DISPOSI				CATION — City	
	4 Donation 5 Other (Specify)		Md. State		cans Cemete	ery Cro	wnsvill	e, Maryland
		el El	airos		orge J. Gor	nce Funera		P.A. ce, Md. 21225
	23. PART i. Enter the diseases, or shock, or heert fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Ma (gnan +	mes	ofhelion	ma (pr	oball	Approximata Interval Between Onset and Deeth
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a 14!	AS A CONSEQUENCE OF	513	eklys,	asbesto	5/11)
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition	one contributing to dea	nth but not resulting i	n the unde	riying cause given in	Part I. 24e. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (Ch	eck only one)		
VSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:			Home 5 🗆 Residence		Hosp	
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,)	URY 28b. TIMI	URY	c. INJURY AT WORK? I YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURI	ED
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, term, a (Specify)	treet, factory	, office	281. LOCATION (Street City or Town, State	end Number or F)	lural Route Number,
COMPLETED	cont only	/SICIAN: To the best of my NER: On the basic of exam						nuse(e) and menner ee stated.
B	29b. SIGNATURE AND TITLE OF CERTIF	HER WALL	M. B.		29c. LICENSE NUI	006	29d, DATE SI	GNED (Month, Day, Year) App 91
2	30. NAME AND ADDRESS OF PERSON V	NHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type,	Print)	Read S	+ z	1201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	. /				

Pard M

to produce the second of the second of

1	1. DECEDENT'S NAME (First, Middle, La MAURA		`	11050		PDEATH	2. DATE OF MONTH	DEATH DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. les	t birthday) IF	UNDER 1 YEAR		(Month, De	y, Ybar)	8. BIRTHPL Country)	ACE (State or Foreign
	212-01-7793		89	YRS.				12,190		RYLAND
~	9a. FACILITY NAME (If not Institution, gi			96	i. CITY, TOW	N OR LOCATION OF		9c. CO	OUNTY OF DEA	IN
DIRECTOR	SINAI HOSPITA	AL.				BALTIM	ORE			
E I	10a. STATE 10b. COL			10c. CITY, T	OWN OR LO	CATION			10	Dd. INSIDE CITY LIMITS?
- 1		BALTIMORE			BA	LTIMORE				☐ YES XX NO
₹	10e. STREET AND NUMBER	75.7				10f. ZIP CODE		10g. C	ITIZEN OF WHA	
FUNERAL	6605 CHIPPE	LWA DRIVE 12. WAS DECEDENT EVER			T 40 HH 0 F	21 DECENDENT OF HIS	.209		US	
À	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	3 3.01	40 IMED	If yes,	specify Cuban, Max ES XX NO Spe	ican, Puarto Rica		Black, V	- American Indian, White, etc. WHITE
COMPLETED	15. DECEDENT'S I (Specify only highest g			CEDENT'S US		ATION most of working	16b. KII	ID OF BUSINESS/I	NDUSTRY	m 1/1 1/1
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life	. Do NOT use re	etred.)					
MP	8				SALES	- V			ESTAT	E
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S		le, Malden Surname		
BE	MAX 19a. INFORMANT'S NAME (Type/Print)	DAVIDSON			20500 (0)	et and Number or Rui	DORA		NOWN)	
유	the ways and the same of the s	IDCON.	100							
	MRS. MARY DAV			AND DATE O		VA DRIVE,	DALIU.	20c. LOCATION	1209 - City or Town	. Stata
	YS Burial 2 Cremation 3 5	Removal from State	of cemetary	crematory or	other place)	E KURLAND	1		LTIMOR	
	21. SIGNATURE OF FUNERAL SERVICE		7111 7	LITODA		AND ADDRESS OF				ROS., INC.
	* Stolnest	Stellman)			REISTER	RSTOWN F	D., BAL	TO., M	D 21215
	23. BART Lenter the discesses, shock, or heart fallu	or complications that cause on ire. List only one cause on	ed tha de aach line	eth. Do not a.	enter the	mode of dylng, s	uch as cardiac	or reaplratory	arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	R		1						Onset and Death
	resulting in deeth)	B. DUE TO (OR AS	A CONSE	OUENCE OF:	eunor	uh				2 days
_		P	6	./ /	16/1-	in la	Inti	Anon	1.16	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF AS	A CONSE	OUENCE OF):					7	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSE	OUENCE OF):						
H	Total ting in death) Exot	d								1
1	PART II. Other significant condi	tions contributing to deeth	but not	resulting in	the underl	ying ceuse given	In Part I. 24	a. WAS AN AUTOPS PERFORMED?		FRE AUTOPSY FINDINGS
EDICAL	Chronic Ob	structure Pa	Man	eny	Dise	ue.		PERFORMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				/						YES 2 NO
Z Z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			THER:	. PLACE OF DEATH	(Check only one)			
YSI	1 YES 2 40	1 Japatient 2 - ER/O		DOA 4	☐ Nursing I	lome 5 - Rasiden		**		
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		28b. TIME C	Y	INJURY AT WORK?	28d. DESCR	IBE NOW INJURY	OCCURED	
à	2 Accident Investigat		PW AA h			YES 2 NO	204 1 00471	DAL (Da.)		
	3 Suicide 6 Could not		pecify)	ome, term, stre	et, factory, c	orrica	City or 1	ON (Street and Num own, State)	loer or Hurel Ho	IN Number,
COMPLETED	29a. CERTIFIER									
M M	(Check only	HYSICIAN: To the best of my kn MINER: On the basis of examina								and manner as stated
8		1/	1011 111100	/	ni niy opino					
H	29b. SIGNATURE AND TITLE OF CERT	IFIER A	/11	_		29c. LICENSE	NUMBER	29d, 0	DATE SIGNED	Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH ATT	1 27) (Tuna Di	rint)		-		7/ 1	[7]
	W. SHANE	LYDON	ı	ils d	Lina	i Hop	ritul	Bal.	timon!	2
	APR 1, 5 1991	guna Waydson-	- Jande	22		,				
- 1	LILLY - 1001	1/ 1	-							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		011112 01 1111	CE	RTIF	ICATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First	, Middle, Last)						2. OATE OF OEATH			3. TIME OF OEATH
MACLE	00	EDITH	1	E.			MONTH D	DAY	YEAR	55 M
4. SOCIAL SECURITY NUME		5. SEX 6	AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	A. BIRTH	HPLACE (State or Foreign
219-54-	3556	1 🗌 M 2 🖫	94	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Mohth, Day, Year) AUG. 10,	18971	LOUDC	N ENGLAND
9e. FACILITY NAME (If not in		et end number)	_		9b. CITY, TOWN	OR LOCATION OF D			UNTY OF D	
MARYLAND M	ANOR CO	NVALESCE	NT HOME	.				ANI	NE AR	RUNDEL
RESIDENCE OF DEC		NVIIEBOOD	IVI HOIII					21111	AL AIN	TONDEL
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
MARYLAND	ANNE A	RUNDEL		MI	LLERSVI	LLE				1 TYES X NO
10e. STREET AND NUMBER					1	of. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
1343 ASHBU	RTON DR	IVE			2	1108		U.S.	.A.	
11. MARITAL STATUS	1	12. WAS DECEDENT			13. WAS DI	ECENDENT OF HISP	ANIC ORIGIN? (Specify Y	ee or No-		E American Indian,
1 Never Married 2		FORCES? 1 FYES, GIVE WAI		Ю		specify Cuban, Mexic	can, Puerto Rican, atc.)		Spec	k, White, stc.
3 Widowed 4 Dive	beare						,-			WHITE
15. DEC	EDENT'S EDUCA y highest grade co	TION	16a. DE	CEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF B	USINESS/IN	IDUSTRY	
Elementary/Secondary (College (1-4 or 5+)	life.	Do NOT us	se retired.)	nost of working				
7th GRADE			F	HOMEM	IAKER					
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S N	AME (First, Middle, Maide	n Sumeme)		
EDWARD C	HARLES	ABBEY				LAURA	MAE SCHAI	ER		
19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADORESS (Stree	t and Number or Rura	I Route Number, City or To	wn, Stete, Z	Sip Code)	
HENRY Mac	LEOD]	1343	ASHBURT	ON DRIVE	, MILLERSV	ILLE	, MD.	21108
20e. METHOO OF DISPOSIT			20b. PLACE	OF DISPOS		cometery, cremetory or		OCATION -		
1X Burial 2 Crematic		al from State	MEADO	WRTD	GE MEMO	RIAL PAR		KRDI	-	
21. SIGNATURE OF FUNERA		NSEE	/	711112	22. NAME	AND ADDRESS OF F	ACILITY			
. 0	B -	10 01	1		4197	WILKENS	AVENUE, BA	LTIM	ORE	MD. 21229
XURC	Rie 1	V.SK	amo	7	1xM	UBBAT	D FUNE	741	HOI	ne, fix.
23. PART I. Enter the d	ineases, or co	mplications that a	caused the de	eth. Do r	not enter the n	node of dying, eu	ch ae cerdlec or ree	piratory a	rreet,	Approximate Interval Between
IMMEDIATE CAUSE (FI		et only one cause	A A	•		1-	,	1	1	Onset and Death
disease or condition_	→	Mr M	m Ho	1	rand	line)	anh	MI	m	12. m/-
resulting in death)		DUE TO (C	M AS A CONSEC	DUENCE O	F):		~~~	1		- Anna
	-	1/	mo	ni	2			0		Ann
Sequentially list condit if any, leeding to imme		DUE TO (d	IR AS A CONSEC	QUENCE O	Pi Pi		-,1	7		112
cause. Enter UNDERLY	ING		16.	100	COLLA	U No	what I	TIL	in per	/ the swa
CAUSE (Disease or injuthat initiated events	nia 🄰 🍃	BUE SUB	III AS A CONSTE	MINCE O	Fit	0 / 0	y J	00	1	
resulting in death) LAS	ET .	//				- ()			
PART II. Other significa	ent conditions	contributing to d	eath but not r	resulting	In the underly	ing cause given i	n Part I. 24e. WAS / PERF	ORMED?	241	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
Car	reen	0/1	IUV	H	1 137	our	1 _ YES			COMPLETION OF CAUSE OF DEATH?
		6				1				1 TYES 2 NO
					16		_			
25. WAS CASE REFERRED	MEDICAL				/26.	PLACE OF DEATH (C	Check only one)		_	
EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	ome 5 🗆 Besidens	6 Other (Specify)			
27, MANNED OF DEATH		28a. DATE OF H		28b. TIN		NJURY AT	28d. DESCRIBE HOY	V INJURY O	CCUREO	
1 Netural 8	Pending	(Month, Day	(Year)	IN.	JURY	WORK? YES 2 NO				
2 Accident	Investigation	28a PLACE OF	IN HERY — At he	ma farm	street, factory, of		281, LOCATION (Street	nd manel fill const	an an Donal	De de Montes
3 Suicide 8 Homicide	Could not be determined	building, e	tc. (Specify)	**************************************	street, factory, or	neu	City or Town, Sta		er or nurar	Ploure Number,
	TIFYING PHYSICI	AN: To the best of n	ny knowledge, de	ath occurr	red at the time, de	ate end place, and de	ue to the cause(e) end n	nenner as s	lated.	
one) 2 MEC	NCAL EXAMINER	On the beele of axa	mination and/or	Investigation	on, in my opinion	, death occured at the	ne time, deta end place,	and due to	the cause((e) and manner as stated,
296. SIGNATURE AND TITLE	OF CHITTIFIER	1/	1.6		_	29c. LICENSE N	UMBER A	29d, D/	ATE SIGNE	D (Month, Dey, Year)
(DALLA	U.	May	IRR	1	1).	172	9711	•	4-1	09-91
30. NAME AND ADDRESS O	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	MATA (Type	, Print)	0	2			2
OTO HA	~ 1)	- (be	inhe	k	M1)	8418	KHA	131	Vd	Pinsadara
- 111100	4	77-49	0	_	1 /	0110	11.11			440

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146 TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. It safer death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

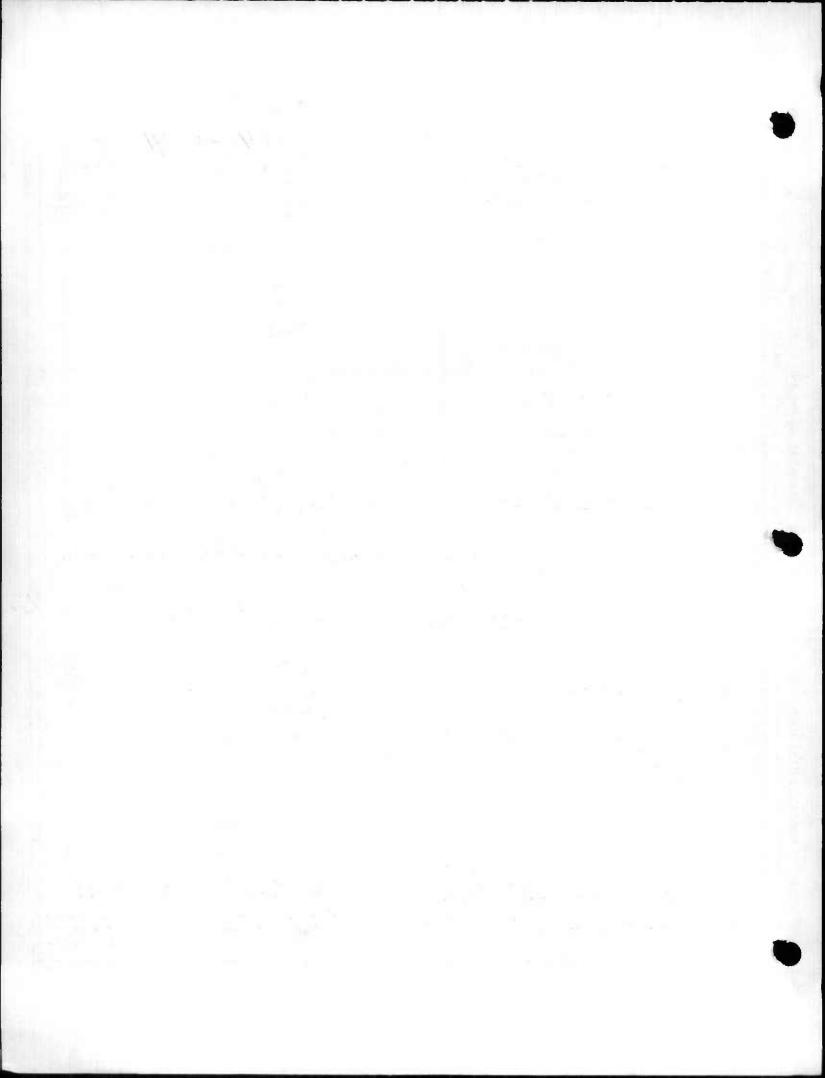
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Julia Surdian Rondon

OHMH-16 Rev 1/89



IN THE HISPITY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the Josephal or attending physician.

TO THE HISPITY SHORT HER THIS Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the burial-fransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ?

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC			D MENTA	L HYGIENE		
The second	1. DECEDENT'S NAME (First, Middle, Lest) MARY J EN	DRICH				2. DATE MONTO	OF OEATH DAY	1991	3. TIME OF DEATH 7:48 P M
	4. SOCIAL SECURITY NUMBER 213-20-4133	5. SEX 6. AGE (// 1 ☐ M 2 ☒ F 75		UNDER 1 YEAR	IF UNDER 24 HI HOURS MI	N. (Mont	OF BIRTH h, Day, Year) 9.19	7	HATHPLACE (State or Foreign Country) VEST VIRGINIA
TOR	99. FACILITY NAME (If not institution, give s THE JOHNS HOPKI	*		BALTIM		CITY		9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNT MARYLAND -	Υ	1100	OWN OR LOCAT					10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
FUNERAL	3317 McELDERRY S	ST.		101	2120	5			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HI celfy Cuban, Me XX NO S	exicen, Puerto	f? (Specify Yes Ricen, etc.)	or No — 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) NA		16a. DECEDENT'S US (Give kind of work life. Do NOT use n PACKER	done during mo		161	CAN C	OMPANY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) JOHN POTOCK				100	S NAME (First, LLIE	Middle, Maiden S (UNKNO		
TO B	19a. INFORMANT'S NAME (Type/Print) MICHAEL ENDRICH	(HUSBAND)	19b. MAILING AD 3317 Mg						and the second s
	20a. METHOD OF DISPOSITION NEW Burlel 2 Cremation, 3 Ren 4 Donation 6 Other (Specify)	noval from State of c	PLACE AND DATE OF COMMENTS OF GARDENS	OF FAIT	H CEME	TERY	E 20c. LOC BA	++1	or Town, State
	21. SIGNATURE OF SIMERAL SERVICE LI	13		SCHIM		'UNERAI	HOMES BALTI	*	MD. 21213
	23 PART I. Enter the disease or shock, or heart failure. IMMEDIATE CAUSE (Finer disease or condition resulting in death)	a. DUE TO (OR AS A	ech iine.					ratory arrest	Approximate Interval Between Onset and Death
TION	Sequentially liet conditions, if any, leading to immediate	a UROSER							7 days
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition	na contributing to death b	ut not reaulting in	the underlyin	g cause give	n in Part i.	24a, WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEAT	H (Check only o	ne)		
HYSIC	1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Description 2 ER/Outp 28s. DATE OF INJURY	atient 3 DOA 4	THER: Nursing Hon 28c, IN.	e 6 🗆 Roside		er (Specify)	NJURY OCCUR	ED
BY PI	1 Natural 6 Pending Pend	(Month, Day, Year) 28e. PLACE OF INJURY	INJUF	M 1 🗆	YES 2 N	0			Rural Route Number,
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	offy)				or Town, State)	THE PRESIDENCE OF	turar riouta rumoa,
COMPLETED	CONSCI UNITY	SICIAN: To the best of my know IER: On the basis of examination							suse(s) and manner se stated,
BE	206. SIGNATURE AND TITLE OF CERTIFIE		JT	541	29c. LICENS	E NUMBER			IGNED (Morith, Day, Year) APRIL 21
5	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	-C 0	0 21	204	-	
	R PAJLOINE (31. DATE FILED (Month, Day, Year)	32 REGISTRAS'S SIGN	ATURE			01	2		

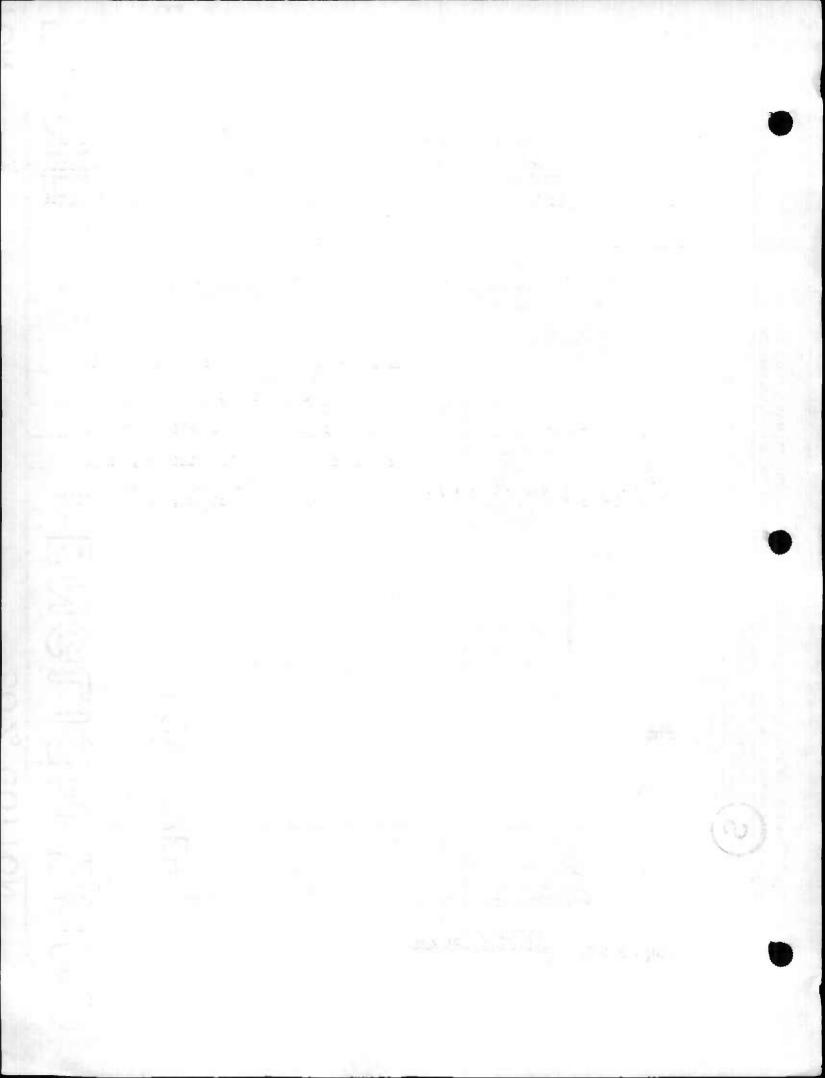
055 20 82

Selection to the selection

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	District the cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 24	present the this certificate has been signed by the attending physician and completely filled

, "	REGISTRAR DECEDENT'S NAME (First, Middle, Lest	4)	CERTIFIC	ATE OF D	EATH	REG. NO.		3, TIME OF DEATH
	ONOFRE	ONOFRE ESQU	ER R			MONTH DEATH	19 9 YEAR	7:59 PM
	SOCIAL SECURITY NUMBER 562 34 1565	5. SEX 6. AGE	(In yrs. last birthday)		UNDER 24 HRS.	7. DATE OF BIRTH (Morith, Dey, Year)		THPLACE (State or Foreign unity) C A Califo
- 11	a. FACILITY NAME (If not institution, give	atreet and number)	98	L CITY, TOWN OR L			9c. COUNTY OF	
FI 100	St. Joseph Hosp	ital		10W.	SOK	Towson	DA	470 Baltim
10	De. STATE 10b. COUN	ITY	10c. CITY, T	OWN OR LOCATION		•		10d. INSIDE CITY LIMITS?
	California			Freemont	t			1 TES 2 XNO
10-	De. STREET AND NUMBER			10f. ZH	PCODE			F WHAT COUNTRY?
11.	40037 Freemont	BLVd 12. WAS DECEDENT EVER I	N II S ARMED	13 WAS DECENI	94538	IIC ORIGIN? (Specify Yea	US.	A. American Indian.
11 .	□ Never Married 2 \ Married □ Widowed 4 □ Divorced	FORCES? 1 YES	2XXNO	If yes, specif		n, Puarto Rican, etc.)	Bi	eck, White, etc. ecdly: White
	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	life. Do NOT use n	done during most o stired.)		16b. KIND OF BUS	SINESS/INDUSTRY	
17.		4	Socia	11 Worker			of Cali	fornia
	7. FATHER'S NAME (First, Middle, Last)			-10		ME (First, Middle, Meiden		
19	Federico Esque:	Ľ	19b, MAILING AT	ORESS (Street and		hina Cordo		
	Wendy Ann Esqu	er				reemont Ca		a 94538
20	0a. METHOD OF DISPOSITION Burlal 2/ Cremetion 3 - Re	26	b. PLACE AND DATE Of	F DISPOSITION (Na			CATION — City or	
41	□ Donation 6 □ Other (Specify)	<u> G</u>	reenmount	Cremato			timore,	Maryland
21	1. Signature of Funeral Seguice MMC 50 Dennis Step	poder Keni	ek	6500 Yo		Mitchell-		ld Home land 21212
	Sequentially list conditions, if any, leading to immediate	b						
60 #	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):					
P	PART II. Other eignificent conditi	dlone contributing to death			47	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
P	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	dlone contributing to death	but not resulting in	28. PLAC	E OF DEATH (C)	PERFOI 1 YES :	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
P. 25	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions are supported by the condition of the condition	d	but not resulting in	26. PLAC DTHER: Nursing Home Nursing Home 17 28c, INJUR	E OF DEATH (C/ 5 Residence	PERFO	RMED? 2 □ NO	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
P. 21	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent conditions are sufficient conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Dey, Year) be be be ER/Ou	but not resulting in	26. PLAC DTHER: Nursing Home DF 28c. INJUR WORK M 1 YES	5 Residence	PERFOI 1 YES : seck only one) 6 Other (Specify)	INJURY OCCUREE	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent conditions are suiting in death) LAST PART II. Other eignificent conditions are suiting in death) LAST PART II. Other eignificent conditions are suiting in death) LAST PART II. Other eignificent conditions are suiting in death are suiting in the su	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Dey, Year) be be be ER/Ou	tpatient 3 DOA 4 28b. TIME (INJURY — All home, farm, streecity)	26. PLAC OTHER: Nursing Home Property M 1 Ves est, factory, office at the lime, date an	E OF DEATH (C) 5 Residence 7 AT 7 at 8 2 NO	PERFOLITION (Street City or Town, State to the cause(a) and ma	INJURY OCCURED and Number or Ru	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 VES 2 NO
24 24 24 24 24 24 24 24 24 24 24 24 24 2	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation of Examined 2 Accident 3 Suicide 6 Could not a determined 9 CERTIFIER (Check only one) 2 MEDICAL EXAMINERS 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINERS 9 SIGNATURE AND TITLE OF CERTIFIER 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINERS	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp IVSICIAN: To the best of my kno INSER: On the basis of axaminati	tpatient 3 DOA 4 28b. TIME (INJUE) Y — All home, farm, strescity) wiedge, death occurred on and/or investigation,	26. PLAC OTHER: Nursing Home 28c. INJUR WORK 1	E OF DEATH (C) 5 Residence 7 AT 7 at 8 2 NO	PERFOLITION (Street City or Town, State of the cause(a) and map time, date and place, as	INJURY OCCURED and Number or Ru	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 VES 2 NO
CC C C C C C C C C C C C C C C C C C C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent conditions are suiting in death) LAST PART II. Other eignificent conditions are suiting in death) LAST PART II. Other eignificent conditions are suiting in death) LAST PART II. Other eignificent conditions are suiting in death are suiting in the su	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp IVSICIAN: To the best of my kno INSER: On the basis of axaminati	tpatient 3 DOA 4 28b. TIME (INJUE) Y — All home, farm, strescity) wiedge, death occurred on and/or investigation,	26. PLAC OTHER: Nursing Home 28c. INJUR WORK 1	E OF DEATH (CI 5 Residence 7 AT 7 3 2 NO ad place, and du th occured at the	PERFOLITION (Street City or Town, State of the cause(a) and map time, date and place, as	INJURY OCCURED and Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rel Route Number,



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	0	9	9	9	6	
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1. DECEDENT'S NAME (First, Middle, La	MONTH DAY						y YEAR 3. TIME OF DEATH			ATH			
Edith	М.			Fee			04	13	3	1991	10:00	A	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	AGE (In yrs. last birthday)			IF UNDER 24 HRS.		F BIRTN	RTN 8		HPLACE (State or	or Foreign	
213-36-1741	1 🗆 M 2½ F	49	YRS.	MONTHS DAY	8 HOURS	MIN.	AUG. 10,19		941 BÃ		BALTIMORE		
9e, FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TOW	N OR LOCAT	ION OF D				INTY OF E	DEATN		
St. Agnes Hosp:	ital			Baltimore					Baltimore City				
RESIDENCE OF DECEDENT			1 40. 007	Y, TOWN OR LO								-	
MARYLAND 100. COC	NIT .		100					10d. INS					
100. STREET AND NUMBER 1916 DEERING AVENUE				BALTIMORE 101, ZIP CODE				I 10g. CITIZEN O			12 YES 2 □ NO OF WHAT COUNTRY?		
				21230)				U.S.A.		
11. MARITAL STATUS	S. ARMED	13, WAS I				IC ORIGIN? (Specify Yes or No.— 14.			RACE — American Indian, Bleck, White, atc.				
1 Never Married 2 Merried 3 Widowed 4 Divorced		YES 2		If yes,	, specify Cub YES 2 NO	en, Mexica	an, Puerto R				ck, White, atc.		
15. DECEDENT'S I (Specify only highest g		18	e. DECEDENT'S	USUAL OCCUP work done during	ATION	ina	18b.	KIND OF BU	SINESS/IN	DUSTRY			
Elamentary/Secondary (0-12)	College (1-4 or 5		Ille. Do NOT u	ise retired.)	, most or work	9							
10TH GRADE			HOMEMA	KER									
17. FATHER'S NAME (First, Middle, Last)					16. MOT			liddle, Meiden					
PAUL HARRIS	<u></u>							ISHER					
19e. INFORMANT'S NAME (Type/Print)	2.0			ADDRESS (Stre									
WILLIAM L. FEE,	SR.			DEERING		UE,				1230			
20a. METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 5	Removal from State			GE MEM		Diz	DATE				own, State		
4 Donation 5 Other (Specify)		_ MEA	TDOMKID				3/17	ELK	RIDG	E			
	E LICENSEE	1 /		22 NAME	E AND ADDR	ESS OF F							
Teus	ax	at cautaged to	officer oo	HUB1		UNER	AVENU	JE, BA	LTIM		MD. 2	imate	
23. PART I. Enter the diseases, shock, or heert felic IMMEDIATE CAUSE (Final disease or condition resulting in death)	ax			HUB1	BARD F 7 WILK mode of d	UNER ENS ying, suc	RAL HO	JE, BA	LTIM			imate Betwe	
23. PART I. Enter the diseases, shock, or heert fells. IMMEDIATE CAUSE (Final disease or condition	or complications the case of t	O (OR AS A CO		HUBI 4107 not enter the OFF:	BARD F 7 WILK mode of d	UNER ENS ying, suc	RAL HO	JE, BA	LTIM		Approx	imate Betwe	
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23. PART I. Enter the diseases, shock, or heert felix immediate CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the conditions of the condits of the conditions of the conditions of the conditions of the c	or complications the present of the	O (OR AS A CO O	ONSEQUENCE CONSEQU	HUBI 4107 not enter the OF):	BARD F VILK MODE of delighted to the second of the secon	given in	AVENUTA PART I.	24a. WAS AN PERFO	N AUTOPS: RMED? 2 NO INJURY O	Y 24 CCURED per or Rural tated.	Approx interval Onset : Onset : Dis. WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH? 1 ST YES 2	Imate Betweend Delivery Finding of To OF To Cause NO	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending by TO THE FUNEFALL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

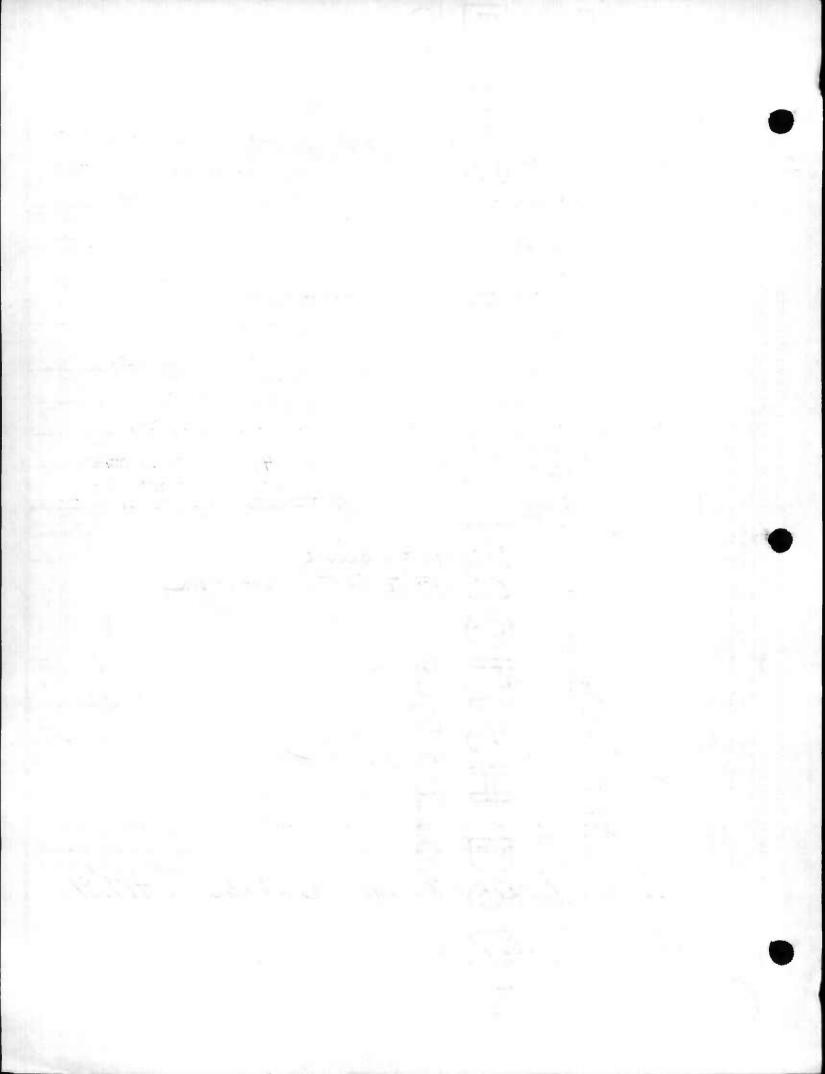
DHMH-18 Rev 1/89

Tena & Goth

	FOR 1 . STATE	STATE OF MA			IEALTH AND ME	NTAL HYG	IENE 91	0	9997
	REGISTRAR		CERTI	FICATE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ME	INKEL	STEIN	2.	DATE OF DEA	TH DAY 19		ME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-03-6916A	5. SEX 8. 1 🔀 M 2 🗆 F	AGE (In yrs. lest birthde) 71 YRS.	MONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	Month, Day, Ye		Country)	E (State or Foreign
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF DEATH		9c. COUNTY OF CEATH		
DIRECTOR	13 POMONA SOUTH,		BALTIMORE			BALT	MORE		
Ä	10e. STATE 10b. COUNTY		10c. C	CITY, TOWN OR LOCA	TION			10d.	INSIDE CITY
	MARYLAND B	ALTIMORE			IMORE				YES 2 NO
FUNERAL	13 POMONA SOUTH,	APT. 10		10	1. ZIP CODE 21208		10g. CITIZEN		COUNTRY?
Z	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13, WAS OE	ENOENT OF HISPANIC	ORIGIN? (Speci		SA RACE — A	merican Indien, Ite, etc.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? XX IF YES, GIVE WAR WWII-	YES 2 NO OR DATES	If yes, a	ecify Cuben, Mexicon, F 3 2 NO Specify:		c.)	Specify: WHITE	
입	15. DECEDENT'S EDUC (Specify only highest grade			I'S USUAL OCCUPATI		16b. KIND C	F BUSINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT	use retired.)	ost or working		Danura		
₽		4		DESTONER	~		RAPHIC A	RTS	
8	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN FINE	ŒLSTEIN			18. MOTHER'S NAME	(First, Middle, M SARAH			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street	and Number or Rural Rout	te Number, City	or Town, State, Zip Co	de)	
2	MRS. CICELY FINK	LSTEIN	13	POMONA S	OUTH, APT.	10	BALTIMOR	E, MD	21208
	26g. METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Rem	oval from State	of cemetary, cremat		DATE 20c. LOCATION — City or Town, State			State	
	4 Donation 6 Other (Specify)	Priorr	BETH TF		ND ADDRESS OF FACIL	8/91	BALTI	MORE,	MD
	Goel U	Leuris	L)	SO	L LEVINSON	& BRO			03.03.5
	23. PART I. Enter the diseases, or o	complications that c	aused the death. D		O REISTERS ode of dying, such a				21215 Approximata
	ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause	Dn each lina.	0.0					Interval Between Onset and Death
	resulting in death)	a. DHE TO (O	PALLA TO	y ful	ure				
_		ne	efostat	Res	true con	cino	eura	i	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate		R AS A CONSEQUENCE	OF):					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	2.12.4.00105015105						
Ë	that initiated events resulting in death) LAST	DOE TO (O	R AS A CONSEQUENCE	: OF):				j	
崩	Salar Land	d						i	
	PART II. Other aignificant condition			ng in the underlyin	ig cause given in Pa				E AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Myper	olcem	io				ERFORMED?	CON	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
				-					YES 2 NO
-						-			
₹	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Check	only one)		_	
S	EXAMINER?	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3 DO/	OTHER:	ne 5 Bestence 6	Other (Speci	(v)		
<u></u>	27. MANNER OF DEATH	28a. DATE OF IN		TIME OF 28c. IN	JURY AT 2		HOW INJURY OCCUP	RED	
ВУ Р	1 Hittural 5 Pending	(Month, Day,	rour)		ORK? YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	INJURY — At home, fam c. (Specify)	m, street, factory, offi	ce 2	6f. LOCATION (City or Town,	Street end Number or State)	Rural Route	Number,
	29a. CERTIFIER								
COMPLETED	(Check only one) 2 MEDICAL EXAMINE				e and place, end due to death occured at the Jin				i manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NUMBI			-	
BE	Alle Out of the	110	21110	VIN	A A T		29d. DATE S	1/7	nth, Day, Year)
9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)									

31. DATE FILEO (Month, Day, Year)
APR 1 5 1991

32. REGISTRAR'S SIGNATURE



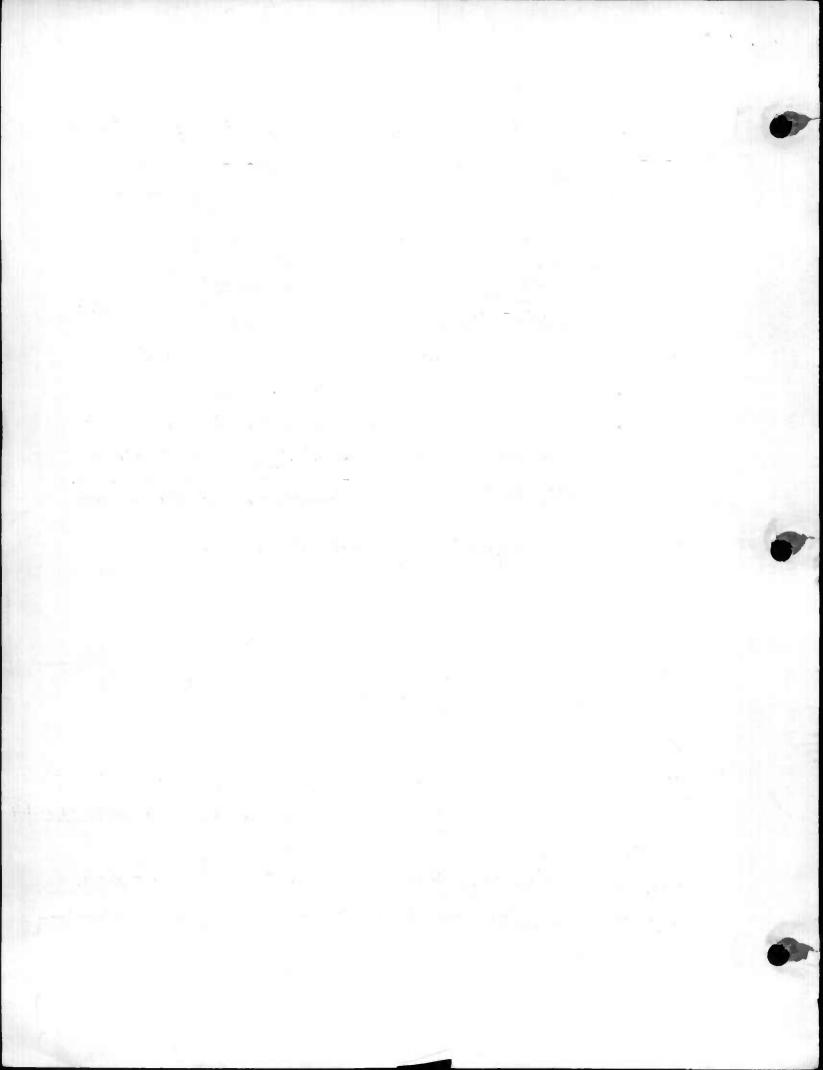
	FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTI		HEALTH AND	MENTAL HYGIEN	-	09996
,	1. DECEDENT'S NAME (First, Middle, L	F.	FRIE			04 0	8 9	ar 755/a
æ	4. SOCIAL SECURITY NUMBER 178-07-1001 9a. FACILITY NAME (If not institution, g		6. AGE (In yrs. lest birthde 94 YRS	9b. CITY, TOV	N OR LOCATION OF O	7. DATE OF BIRTH (Month, Day, Yest) Aug. 26,	1896 F	
СТОВ	Moran Manor N				ternport		Alle	
DIRE	Maryland 106. CO	Allegany	10c. 0	Wester				10d. INSIDE CITY LIMITS? 1) YES 2 NO
RAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	200 Clayton St 11. MARITAL STATUS 1 Never Merrled 2 Merrled 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED XYES 2 NO WAR OR DATES WAR T	If yes	21562 DECENDENT OF HISPA , specify Cuban, Mexic YES 2 ☑ NO Specify			USA RACE — American Indian, Black, White, atc. Specify: White
LETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION	16a. OECEDEN' (Give kind life. Do NO	of work done during use retired.)		18b. KIND OF BU	***************************************	
COMP	17. FATHER'S NAME (First, Middle, Last)	Fore	man	18. MOTHER'S N.	AME (First, Middle, Maider	Constr	uction
BE C	Thomas Fri	end			Sara	ah Cunning	gham	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
	Ruth Carol Hug	gins	20b. PLACE AND D			Ashby, W.	Va. 26 OCATION — City	719
FICATION	23. PART t. Enter the dispase, shock, or heart falls immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	it caused the daeth. Duse on each line. TRO INT OR AS A CONSEQUENCE OR AS A CONSEQUENCE	ESTIN OF): A O	mode of dying, au	ch ea cerdiac or resp	Keyser	Main Street W.Va. 26726 Approximate Interval Betwonset and D 4 wk
AN: MEDICAL CERTIFICAL	PART II. Other algnificent cond		o daeth but not resulting			PERFC	PRMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICI	EXAMINER? 1 YES 2 KNO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHER:	6. PLACE OF DEATH (C	au mariante		
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, E	F INJURY 28b.	TIME OF 280	. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED B	3 Suicide 8 Could not be 26a. PLACE OF INJURY — At home, farm, atreet, factory, office building ate (Specific)							Rural Route Number,
TO BE COMPLE	ana)	MINER: On the basis of a	od m	Sype, Print)	29c. LICENSE N	use time, data and place, of the time, data and time, da	29d. DATE SI	GNED (Month, Day, Year) R-9/ RLAND M
	31. DATE FILED (Month, Day, Year) APR 1 5 1991	32. REGISTA	AR'S SIGNATURE dson-Randall	, ,				

11-6-4 - HITEES 277 - 4-9-11 THE IT LIVENIES OF , THE SETTINGS , I'M DESTRICTED THE

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	3. TIME OF DEATH 2230 M						
4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 01-29-1926	8. BIRTHPLACE (State or Foreign Country) Maryland						
9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU	county of DEATH						
8 Barbara Lane. RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION							
8 Barbara Lane Edgemere Bal RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Maryland Baltimore Edgemere	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
100. STREET AND NUMBER 101. ZIP CODE 109. CIT US 8 Barbara Lane 21219 US	10g. CITIZEN OF WHAT COUNTRY?						
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, etc.						
3 Wildowed 4 M Olvorced IF YES, GIVE WAR OR DATES 1 YES 2/ NO Specify:	spoctly: White						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th Grade 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life.) Toth Grade 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life.) Toth Grade 16. NIND OF BUSINESS/IN (Give kind of work done during most of working life.) Carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)							
17. FATHER'S NAME (First, Middle, Last) Bernard N. Fox Anna M. Delaney	900						
190. INFORMANT'S NAME (Type/Print) 191. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z. 238 Lodge Cliffe Court, Abingdon,							
20e, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION -	City or Town, State						
20e, METHOD OF DISPOSITION 11 & Burlet 2 Crementor 3 Remieved from State 12 Crownstor Crown, State 14 Donation 5 Gither (Specify) 21. SECRETARY OF FYSERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of commeter); crementory or other place) Crownsville, MD 22c. LOCATION — City or Town, State Chownsville, MD 22c. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of Dundalk, TV							
1 \(\) Burlet 2 \(\) Cremation 3 \(\) Henricos from State \(\) Crowns ville Vet. 4/12/91 \(\) Crowns \(\) Donation 5 \(\) Other (Specify) \(\) Crowns ville Vet. 4/12/91 \(\) Crowns \(\) 22. NAME AND ADDRESS OF FACILITY \(\) Unda-Ruck Funeral Home of D	undalk. Inc.						
1 (A Buriel 2 Cremation 3 Hemove from Brain Crowns ville Vet. 4/12/91 Crowns 1. SCHARTURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Puda-Ruck Funeral Home of D 7922 Wise Avenue, Baltimore 23. PART I. Enter the diseases, or complications that causes the deeth. Do not enter the mode of dying, such as cerdiac or respiratory as	undalk, Inc., MD 21222						
1 (A Buriel 2 Cremation 3 Hemove from Brain Crowns ville Vet. 4/12/91 Crowns 1. SCHARTURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Puda-Ruck Funeral Home of D 7922 Wise Avenue, Baltimore 23. PART I. Enter the diseases, or complications that causes the deeth. Do not enter the mode of dying, such as cerdiac or respiratory as	undalk, Inc. , MD 21222						
1 (A Buriel 2 Crowns from State Crowns ville Vet. 4/12/91 Crowns 1 State of Partial Service Licensee 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of D 7922 Wise Avenue, Baltimore 23. PART I. Enter the diseases, or complications that cause the deeth. Do not enter the mode of dying, such as cerdiac or respiratory shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE ON):	undalk, Inc., MD 21222 rrest, Approximeta interval Between						
1 (A Buriel 2 Crowns from State Crowns ville Vet. 4/12/91 Crowns 1 State of Partial Service Licensee 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of D 7922 Wise Avenue, Baltimore 23. PART I. Enter the diseases, or complications that cause the deeth. Do not enter the mode of dying, such as cerdiac or respiratory shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE ON):	undalk, Inc., MD 21222 rrest, Approximeta interval Between						
1 (A Buriel 2 Crowns from State Crowns ville Vet. 4/12/91 Crowns 1 State of Partial Service Licensee 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of D 7922 Wise Avenue, Baltimore 23. PART I. Enter the diseases, or complications that cause the deeth. Do not enter the mode of dying, such as cerdiac or respiratory shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE ON):	undalk, Inc., MD 21222 rrest, Approximeta interval Between						
1 Buriel 2 Gremation 3 Hemoves from State Crowns Crown	reet, Approximeta interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
1 Buriel 2 Gremation 3 Hemoves from State Crowns Crown	rrest, Approximate interval Between Onset and Death						
1 Buriel 2 Gremation 3 Hemoves from State Crowns Crown	rrest, Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
1 Buriel 2 Gremation 3 Hemoves from State Crowns Crown	rest, Approximeta interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
1	rrest, Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
1	rrest, Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
1	rest, Approximeta interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED WAS A WITH A COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
Towns Town	rest, Approximeta interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED WAS A WITH A COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
1	rrest, Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED WAS A Window, and Route Number, and Route Nu						



YEAR

91

3. TIME OF DEATH

7-499

DHMH-16 Ray 1/89

REG. NO.

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

BESSIE

, P.O.	death certifi	Nental Hygien
DIVISION OF WIAL RECORDS, P.O.	PYSICIAN: The law requires that the	INERAL THE TANK THE STATE OF THE STATE DEPT. OF HEALTH AND MENTAL HYGIEN TO THE STATE DEPT. OF HEALTH AND MENTAL HYGIEN
No.	DSPITAL OF ATTENDING	JNERAL GPECTORY Objo 72 nove attended

		9,700,10					9		<u>U </u>	[1] "
	4. SOCIAL SECURITY NUMBER 578 16 3714	5. SEX 6. AGE	(In yrs. last birthde	MONTHS D	AYS HOURS		ATE OF BIRTH fonth, Day, Year) 11 y 4,	1906	8. BIRTHPLA Country) Rus	CE (State or Foreign
	Se. FACILITY NAME (If not institution, give				WN OR LOCATIO		X = 1 = 1 - 2 / 2		TY OF DEAT	
oc	Hebrew Home		Machi			kville		24.40		omery
2	RESIDENCE OF DECEDENT	or Greater	WasiiI	ngcon	ROCI	VATTTE		IV.	ionicg	Owera
DIRECTOR	10s. STATE 10s. COUNTY Maryland Montgomery Rockville					TION 10d, INSIDE CIT				
										¥YES 2 □ NO
ED BY FUNERAL	6121 Montrose Rd.				101. ZIP CODE 2 0 8	852	10g. CITIZEN OF WHAT CO			States
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES				n, Maxican, Pua	HISPANIC ORIGIN? (Specify Yea or No— dexicen, Puerto Ricen, etc.) Specify:			American Indian, hita, atc. asian
	15. DECEDENT'S ED		16a. DECEDEN	T'S USUAL OCCU	PATION		18b. KIND OF BU	SINESS/INDI		
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	Give kind life. Do NO	of work done duri T use retired.)	ng most of workin	ng				
COMPLET	12		Ho	memake	r		Home	2		
O	17. FATHER'S NAME (First, Middle, Leet)				18. MOTH	HER'S NAME (FI	rst, Middle, Malden	Surname)		
Ш	Max Evry				A	nna Ch	nidakel	L		
00	19a. INFORMANT'S NAME (Type/Print)		19b, MAIL	ING ADDRESS (S	treet and Number	or Rural Route	Number, City or Tow	n, State, Zip	Code)	
5	Corinne Stein		460	4 Wiss	ahican	n Ave.	, Rock	cvill	e, Md	. 20853
	20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION	moval from Stata	other place) ationa		,				City or Town,	ights, M
	21. SIGNATURE OF FURNILL SERVICE L		acrona		ME AND ADDRES			·PICO	72 110	raires, in
	1/1/10/10	1111					on Fune			-
	23. PART I. Enter the diseases, or	un.					irch, \			
CERTIFICATION	anock or near tailure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S S S S A CONSEQUENCE	E OF):	VFECT	100				Interval Between Onset and Daeth
AN: MEDICAL CI		PLOVASCUM				given in Part	I. 24s. WAS AN PERFOI	RMED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF D	EATH (Check on	ly one)			
Sic	1 YES 2 NO	HOSPITAL:	ripetient 3 D DO	OTHER:	Home 5 🗆 Re	neldence & 🗍	Other (Specific)			
PHYSICI	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year	/ 28b.	TIME OF 26	c. INJURY AT WORK?	28d.	DESCRIBE HOW	INJURY OCC	CURED	0 4 44
ED BY	2 Accident 3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Favor. Street City or Favor. Street							or Rural Rout	a Number,	
1	4 Homicide detarmined									
COMPLETED		SICIAN: To the best of my known NER: On the basis of examinating								d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFE	ER			29c. LICI	ENSE NUMBER		29d. DATE	SIGNED (M	onth, Day, Year)
BE	P. Talivo	n mo.			Da	26550	-			
TO	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (I	Type, Print) DSE P	2	seku	nille	nio	2085	S2
	31. DATE FILED (Month, Day, Year)			1.4				1	-	
	APR 1 5 1991	Juha Davidson	gandelle.							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

GREENFIELD

